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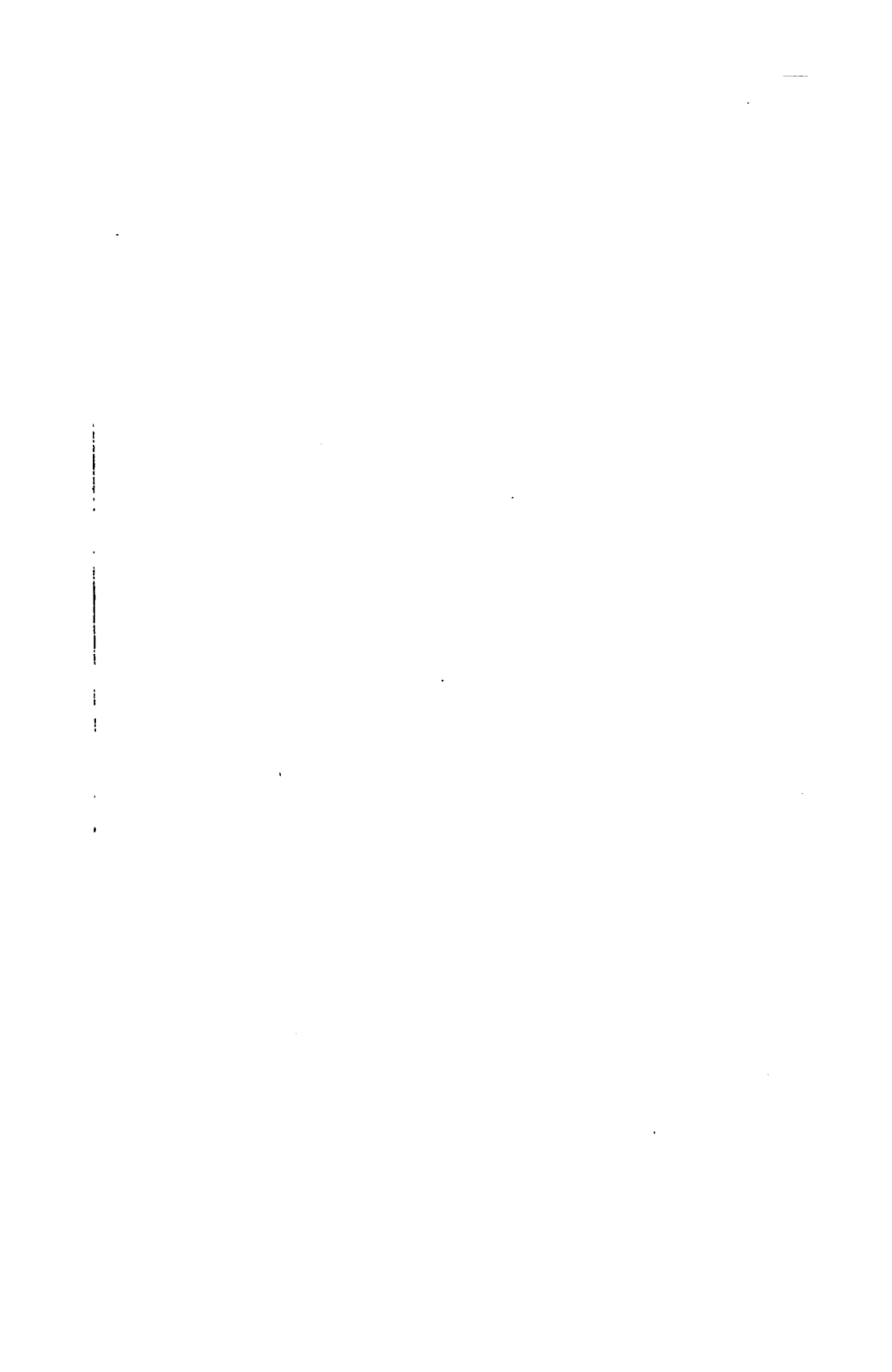
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THE
ECLECTIC MEDICAL JOURNAL.
(JANUARY TO JULY, 1861.)

EDITED BY

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**WHOLE SERIES XX.**  
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PUBLISHED BY R. S. NEWTON.
1861.

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ECLECTIC
MEDICAL JOURNAL.

VOL. XX.

JANUARY, 1861.

No. 1.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I. — *A Case of Inversion of the Uterus.* By W.
GAINES BRUCE, M. D.

By *inversion of the uterus*, we understand a complete turning inside out of the womb—a drawing of the fundus uteri through the os tincæ, just as you would turn a bag inside out. In complete inversion of the uterus, the fundus and os exchange places; *i. e.*, the base of the womb is downward, while the apex points upward. This version is generally ushered in by three distinguishing stages, viz:—

1. A mere dent or depression upon the fundus uteri.
2. *Partial inversion*, where the fundus has descended to the os tincæ,—has commenced its passage through that orifice, but has not yet completed its passage.
3. *True, or complete inversion*, as when the womb is turned entirely inside out, and hangs suspended in the vagina with the base presenting at the vulva.

This lesion may occur as an accident incident to parturition, or it may take place at a time entirely remote from the parturient period.

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The *symptoms* characteristic of this disease are not always alike, but vary according to the progress the disease has made. They may also depend upon whether the inversion has been effected suddenly, or whether it has been some time in developing itself. Partial inversion, or the second stage of this version, may manifest itself without the symptoms of the first stage being discovered. The second stage sometimes warns the practitioner of its presence by a copious flow of the menses, or profuse leucorrhœa. It may also be produced by some accident incident to confinement, as, too strong traction upon the cord for the removal of the placenta; unusual shortness of the umbilical cord; or, as where the cord is wound around the child's body or neck, etc. Unless immediately reduced, this displacement is liable to generate many other symptoms, as, drawing, spasmodic sensation in the perineum; dragging, deep-seated pains in the small of the back; sense of weight in the pelvic cavity; feeling as if the whole contents of the abdomen would issue from the vulva. If this condition is let run very long, most disastrous consequences are to be apprehended from strangulation, rupture of the fundus, followed by gangrenous sloughing of the womb, and the soft parts surrounding that organ, when, finally, death closes the scene. Or, should there not be such a high grade of inflammation, there is danger of a collapse, and adhesion of the peritoneal surfaces of the uterus.

The symptoms characterizing the third stage, are but those of the second, brought out in a more marked degree; pains are experienced, of a gnawing or a sawing character; feeling as if the whole contents of the pelvic cavity were being drawn away by force; dizziness; convulsions; violent and frightful menorrhagia may set in, the patient sink very rapidly, and ultimately die, either of gangrene and sloughing, or hemorrhage; or, the inverted womb, hanging suspended from the vulva with its internal surface exposed to the action of the atmosphere,—of the urinary excretions, and of the friction of the clothes, is in a continual state of irritation, and subject to attacks of malignant ulceration, chronic metritis, etc.

The *causes* of this difficulty, when not owing to a loss of the vital energies of the uterine organs, or of the general system of the female, may be said to be, as a general thing, the result of mechanical injuries, as, too strong traction upon the pla-

central cord; forcibly removing polypi, hydatids, etc.; blows upon the abdomen; undue bearing-down efforts during labor; sudden delivery of the foetus while the female is in the erect posture; awkward use of the forceps; tight lacing during pregnancy. Such symptoms as indicate degeneration of the vital powers of the uterus are, dropsy of the uterus; hemorrhage; distention of the uterine walls from inordinate effusions of blood; morbid growths; metritis; frequent ulcerations of the womb. Ovarian dropsies, peritonitis, abdominal tumors, strumous diathesis, gonorrhoea, syphilis, and a debilitated constitution, may be noted as secondary causes of this latter condition.

The *diagnosis* of this disease is not difficult to the physician having a proper understanding of his profession. In the first stage, a slight depression of some part of the womb, most generally the fundus, is recognizable upon palpation. In the second stage, the protrusion issuing from the os tincæ, is readily detected and recognizable; while in the third stage, when the inversion is complete, a pear-shaped tumor, with its base downward, is observed.

The practitioner should be very guarded in his *prognosis* of this malady, as about *one third* of the patients thus affected are doomed to die. Unless reduction be accomplished immediately after the accident, the number of deaths may, indeed, exceed that proportion. However, instances are not wanting where patients have recovered after the reduction of the version has been delayed for several days, and even weeks and months. Instances are on record, too, where spontaneous reduction has taken place years after the displacement; also, where the uterus has been extirpated, either by the knife, ligature, or cauterization of the surgeon, as well as by gangrenous sloughing. Such cases, however, are rare. When this version is one of the accidents of parturition, much danger to the female is likely to accrue from hemorrhage. Cases of long standing render the reduction very difficult; recent cases are to be considered more easily reducible. When this disease is the result of polypi, hydatid, etc., it may be expected, as a general thing, that the organ will resume its normal position upon the detachment of the morbid growth.

Treatment.—It was my privilege recently to superintend the

management of a case of inversion of the uterus. On the 4th of September, I was called to Mrs. H——, who had been confined five days before, and delivered of a male child weighing 10½ lbs., by an old midwife, who, by rude attempts to remove the after-birth, violently drew upon the cord till she had induced *complete inversion of the uterus*, and yet, strange as it may seem, this midwife, who has the conceit to thrust herself into the position of the obstetrician, was entirely ignorant of the damage she had done; and to double the extent of her crime, as well as to prove her ignorance of its nature, assured the patient and friends, that the profuse hemorrhage, the sinking of the vital powers of the patient, and all the other distressing symptoms that were present, were nothing uncommon—that she had met with similar cases frequently, all of which terminated favorably in a few days—thought that in the present case, the symptoms would continue, probably without much abatement, about four days, when the difficulty would be no longer experienced. This kind of talk had the desired effect; the credulous patient and friends awaited, in patience and misery, the arrival of the fourth day, which came at last, but to their great surprise, brought with it none of that relief which was promised. On the other hand, the patient had grown a great deal worse, and the symptoms continued to increase in severity as time rolled on. On the fifth day, about 3 o'clock in the afternoon, the midwife was sent for, who still undertook to persuade the friends and patient that nothing serious was the matter. At 11 o'clock that night, however, an alarming hemorrhage set in, when I was sent for. The distance from my place to the patient being fifteen miles, I did not arrive there till 3 o'clock the next morning. Upon the first introduction of the finger into the vagina, I detected the nature of the case, finding, as I did, the inverted uterus suspended in the vaginal canal, but a little way from the vulva. The hemorrhage was not now so profuse as before I came, but there was a continuous oozing from the exposed surface, particularly from that part from which the placenta had been so rudely detached. I did not think it prudent to attempt reduction while the surface of the organ was in this condition, but concluded, if it could be done, to remove the liability to hemorrhage; whereupon I applied to the bleeding surface, through the speculum, Tincture of Chlo-

ride of Iron, which was followed in a few hours by injections of infusion of *Hydrastis Canad.*, (cold). This injection was repeated every two or three hours till the next day in the afternoon. During the time I kept a compress of *Stramonium* leaves upon the perineum, and over the vulva; also, to sustain the sinking powers of the patient, gave repeatedly, in small quantities, Brandy and Water. Upon my arrival the next afternoon, I found there had been no recurrence of the hemorrhage; patient was in good spirits, had rested well, and did not experience much pain. Quite a change, indeed, to be effected in a few hours!

Upon examination I found the surface of the uterus looking quite healthful—no sign of hemorrhage, and I thought reduction might be effected with as little liability to injure the patient as at any future time. I had previously sent a messenger to call a medical friend to share the responsibility of reducing the inversion with me, but the gentleman sent for being from home, I was obliged either to wait a day or two longer, or go to work upon my own responsibility. I chose the latter alternative, and commenced my preparations for the reduction by first evacuating the rectum by a gentle laxative injection of infusion of *Ulmus Fulva* and *Lobelia*—emptying of the bladder, which had to be done by catheter, and giving, at the same time, *Gelseminum*, as suggested by Prof. J. King, in his work on *Obstetrics*, p. 483. I continued the use of the *Gelseminum* till the patient had been brought thoroughly under the relaxing influence of the drug, when, after elevating the hips, I introduced my four fingers, in the conical form, into the vagina—passing them along the vaginal canal till they came in contact with the fundus uteri, when, by making pressure upon the organ, in the direction of the axis of the pelvic cavity, I soon succeeded in elevating the inverted organ beyond the vulva, and now making slight pressure upon the fundus, it was indented. Making stronger pressure, I soon succeeded in carrying the fundus through the os tincæ, when the body and cervix speedily followed after it, and re-position took place all of a sudden. After that I did nothing more in the way of medication, except to keep the bowels regular, the bladder empty, and to have the patient to drink, two or three times a day, of a tonic and stimulating bitter. I had my patient keep the recumbent

posture for ten days, but I believe she could have sat up in six or seven, so rapidly did she improve. When I saw her last, on the 2d of this month—October—she had left off the abdominal supporter, and said she felt very well—had no traces remaining of the difficulty under consideration.

I think the facility with which convalescence took place in the above case, under the above circumstances, the most remarkable I have ever witnessed in any disease; but the female in this instance, it may be well to remark, was of a strong constitution, and enjoyed good health, as a general thing.

The above treatment of a single case, I think, may be taken as the general plan upon which to proceed in the management of most of the cases the practitioner may meet with, where the inversion is complete.

Incomplete or partial inversion may be reduced by introducing into the uterine cavity two or three fingers, and making pressure upon the indenture. The hand should never be withdrawn from the uterine cavity, after the reduction of *any* stage of this version, till time enough has elapsed for the reduced organ to remain in its normal position, when it should be done slowly and cautiously. Let the practitioner be *sure* never to withdraw the hand till the uterus has thoroughly contracted, else he may have a recurrence of the displacement, accompanied by a hemorrhage which his patient can never survive.

Marston's Mills, Mass., 1860.

ART. II. — *A Case of Protracted Labor resulting in the Sloughing of the entire Uterus.* By S. T. CLARK, M. D.

On Wednesday, July 20, 1842, I was called in consultation with Dr. Craig, of Waveland, Ind., in the case of Mrs. McMain, who had then been in labor 72 hours with her seventh child—Dr. Craig having been with her 24 hours, and an “old midwife” 24 hours previous to his attendance. On examination, per vagina, I found the hip presenting, the pains natural, regular, and vigorous. After several ineffectual efforts at turning the child, we thought it prudent to administer an opiate for the purpose of procuring a short respite from the

long-continued and incessant labor. The opiate given on the night of the 20th, produced a very quiet and refreshing sleep, which continued till near the dawn of the 21st, when she awoke with the return of violent pains. Dr. Jno. B. Clark was then called in, and after making a thorough examination of the case, and having learned its history, gave a prompt and decided opinion in favor of removing the child as soon as possible with instruments. His advice was readily consented to, and without much difficulty or suffering to the patient, he succeeded in removing the child, which was considerably swollen. The mother, for some hours, had manifested symptoms of sinkings.

Friday, 22.—Visited the patient and found her quite comfortable, without fever and free from pain, having slept well the past night. Ordered a dose of Castor Oil, and enjoined light diet.

23d.—Still doing well; lochia, healthy, but slight tenderness of the genitals.

24th, 25th, 26th.—Convalescent; pulse, 65, soft and regular; skin, moist; tongue, clean, and appetite good.

28th.—Found her still improving, and after giving some general directions, dismissed the case and left, with the assurance of a speedy recovery, but on the following day was summoned to see her again. Here it will be proper to state that the patient lived in a very open cabin, and a heavy rain which had fallen during the night of the 28th, had reached her bed and perfectly saturated every article of bedding about her. Found her very much changed for the worse; pulse, 90, hard and full; severe pain in the head, and great tenderness in the uterine and lumbar region. Abstracted 20 ounces of blood from the arm; gave Sulph. Magnesia, 3 ss; ordered injections of Morphine, per vagina, to relieve the pain and irritation of the parts, and a poultice of bran and hops to the abdomen.

30th.—Had a chill, before my arrival, which lasted 10 minutes, followed by a copious perspiration; pulse, 65, soft and weak; bowels, moved three times during the night. Ordered Sulph. Quinine every three hours, and injections of Chamomile tea, per vagina.

31st.—Rested badly since I last saw her; had another chill in the early part of the night, followed again by perspiration;

chilled again in the morning; complains of severe pain in lower part of the back, running to each hip; pulse, 70, and weak; pain in the head; external genitals, swollen and tender; paralysis of the neck of the bladder; urine, dribbling, without retention, more particularly when turned in bed; bowels, actively moved. Ordered, a slippery-elm poultice to the genitals, bran and hops to the abdomen; Quinine, 3 grs., every three hours; B. Copaiba et Spir. Nitre every four hours.

August 1st.—Symptoms about as on yesterday. Same treatment continued.

2d.—Pain in the back, rather more severe; a throbbing sensation in the vagina, and mouth of the uterus hot and tender to the touch; the lochia, changed in consistence and appearance, offensive, and of a dark brown color; the pulse, 100, threadlike and intermittent; bowels, regular, and incontinence of urine. Applied a blister plaster, 20 inches in length, to the spine, and prescribed a teaspoonful of the following every three hours:—

R.—Bal. Copaiba, 3 ss.
Spir. Nit. Dulc., 3 i.
Tinc. Cantharides, 3 ss.

The blister was merely suffered to produce slight vesication. In addition to the above, barks and wine were administered every four hours, and Peruvian Bark and Pulv. Charcoal injected into the vagina.

August 3d.—Dr. J. B. Clark visited the patient and ascertained that sloughing had commenced; the mouth of the uterus as large as half a dollar, and that portion of the vagina adjacent to the bladder giving way; urine, still dribbling. Treatment continued, with the addition of Tinct. G. Myrrh to the vaginal injections.

4th.—Pulse, 100, weak, irregular, and at times scarcely perceptible; bowels, bound; pain in the back, less; sloughing, increased. Ordered injections, to move the bowels. Vaginal injections, as above, continued, with a liberal internal administration of Wine and Barks.

Aug. 5th.—Symptoms unchanged. Treatment continued.

6th.—Rested much better the past night; bowels, freely moved; pulse, 85, soft and feeble; tongue, clean; skin, moist; pain in the back, less; tenderness of the genitals, decreased. Vaginal injections, Wine and Barks, continued. Quinine every six hours, with a Dover's Powder at night.

8th.—Complains more than usual; pulse, 90, irregular and weak; intense pain in the labia; urine, passing as above stated. Quinine, grs. x, every five hours. Tinc. Myrrh, 3xvi, Elm-water, 3xii, used as vaginal injections, every three hours.

R.—Pil. Hydrar., gr. x.

Pulv. Doveri, gr. x, at bed-time.

Aug. 10th.—Bowels moved twice during the night; pulse, 80, soft and weak; sloughing greatly increased; a large quantity of dark brown fluid interspersed with sloughs from the uterus, very foetid. Treatment continued.

Aug. 11th.—Resting more quietly; pulse, 70, rather irregular and weak; sloughing of the uterus increased. Ordered 3 grs. Quinine every three hours. No control over the urine. 10 grs. Dover's Powder at bed-time. Injections of Myrrh, Cinchona and Pulv. Charcoal continued.

Aug. 12th.—Rested badly last night; complained of a severe pain along the course of the urethra; large quantities of a dark matter continue to pass from the vagina; pulse, 80, and feeble; tongue, clean. Injections of warm water were thrown into the vagina for the purpose of cleansing the canal; after which injections of equal parts of Tinct. Myrrh, Cinchona and Elm-water were used. Ext. Cinchona, grs. 10, every three hours, with an occasional portion of Wine and Barks. An opiate at bed-time.

Aug. 13th, 14th.—Symptoms unchanged. Treatment continued.

15th.—Pulse, 60, and strong, somewhat irregular; bowels moved once during the night; tongue, clean. Made an examination and ascertained that sloughing had taken place in the urethra about three quarters of an inch from the meatus urinarius, and half an inch in length. Tonics continued. Ordered injections, Tinc. Opii and Elm-water.

Aug. 16th, 17th.—Symptoms nearly the same; pulse, 60,

and irregular. Sloughing continues, and large quantities of purulent matter passing off. Treatment continued.

18th, 19th. — Seemed rather better; suffering, less; pulse, 60; sloughing, the same; discharges, less consistent. Treatment same.

20th to 23d. — Still more comfortable; discharge, decreased. Continue tonics and injections.

27th. — Rested easy for several days, the uterus having, to all appearance, sloughed entirely away, and the ulcer in the urethra cicatrized, but did not close. Ordered Barks and Wine three times a day, and injections of Tinc. Opii and Elm-water, to be continued until the soreness and discharge entirely ceased.

I regarded this case as one of pure inflammation of the womb, terminating in sloughing. The inflammation was doubtless caused by the wetting she received from the heavy rain which fell soon after her confinement. It possessed some remarkable and interesting features from the fact that she enjoyed comparatively good health after the entire loss of the uterus, an organ which exerts so potent and controlling an influence on all the animal functions, the moral and mental powers of female life. She was 30 years of age, and the mother of seven children. It is now eighteen years since her recovery, and up to the year 1858 she had enjoyed good health. A few days in each month, she felt the ordinary symptoms attendant on the return of the monthly periods. I have examined her four times with the speculum, in the presence of other physicians of respectable medical attainments, and they, as well as myself, were fully convinced of the total loss of the uterus.

I visited her again in the fall of 1857, and found her general health greatly deranged with the symptoms generally attendant upon the cessation of the catamenia; made another examination, by the touch, which confirmed the truth already revealed by the speculum. The vagina is about two and a half inches in length, and has a puckered feel, similar to that of the toe of a yarn sock. She informed me that sexual feelings still existed, though weakened. This lady weighed 300 pounds at the time of her confinement.

Russelville, Indiana.

[We have admitted the foregoing report to appear in our journal, not because we indorse the treatment. Indeed, under

similar circumstances, Dr. C. would not now resort to Calomel and bleeding. The doctor graduated at Louisville, Ky., and at the time the above case was treated, adopted the Allopathic practice exclusively. He has since abandoned a system which his good sense has shown him to be uncertain and unreliable, and like many others, is now a staunch Eclectic. The case is a remarkable one, and has been presented on that account. It is possible that sloughing would not have resulted, had Eclectic principles of practice been adopted.—Eds.]

ART. III.—*A Case in Practice.* By W. B. ARNOLD, M. D.

Sept. 7th.—Was called to take charge of a case about ten miles from this place:—

MARIA H——, aged 20; sanguine-bilious temperament. Been sick four weeks, under “old school” treatment. Disease, typhoid fever; Dr. Fitch, the attending physician, having given up the case as hopeless. Found patient very bad; low muttering delirium; frequent sighing; head and throat, congested; difficulty of swallowing at times; pulse, 140, and small; subsultus of upper extremities; tongue, dry and brown; skin, dry and husky; face, pale and cold; respiration, very irregular; eyes, suffused; no sleep during the last 24 hours; fæces, dark green; discharged involuntarily every fifteen or twenty minutes; urine, scanty; lies mostly on her side, with limbs straight, except at the time of evacuating the bowels, when they are slightly flexed upon the abdomen.

Previous Treatment.—The old routine of Tart. Antimony, followed by purgatives in the first stages. For the last week, Carb. of Ammonia and Whisky, with blisters to back of the neck and bowels.

Fitch said there existed active inflammation of the bowels, and to check them would be certain death. I told the friends that there was not more inflammation than was usually met with in this fever, and that it was absolutely necessary to give astringents, as the only hope in the case. They told me to proceed.

I ordered the blisters, removed and dressed; spine and limbs, rubbed with Capsicum; sinapisms, to arms and legs.

R.—Quinine, grs. iij.
Tannin, grs. ij.
Capsicum, gr. i. Mix.

One after each discharge from the bowels.

R.—Scutellarin, grs. ij.
Gelsemin, gr. j. Mix.

One every hour during the night.

Sept. 8.—Fewer discharges during the night than any before in some time. Slept about an hour and a half in all during the night. Continue tonic through the day. Also,

R.—Tinc. Aconite and Veratrum, aa 3 i.
Water, 3 iij. Mix.

Dose, 3 i, every half hour during restless periods; hot cloths to throat and chest.

R.—Acetate Potassa, grs. xxx.
Water, 3 ij. Mix.

Dose, 3 j, once in four hours.

Sept. 9.—Slept quite well last night; pulse, 130; tongue, rather dry; about the time of her menstrual period. Continue same treatment, with the exception of Tannin, there having been four discharges in the last 24 hours.

Sept. 11.—Passed a very restless night; menstrual flow came on yesterday; pulse, 130; tongue, dry; delirious at times this morning; bowels, moved three times in 24 hours; no bloating.

R.—Quinine and Hydrastin, aa, grs. ij.
Capsicum, gr. i. Mix.

One every three hours during remission; sedative during restless periods and fever, together with the alkaline bath, made stimulating by a little alcohol.

Sept. 22.—Have not changed my treatment since last record, as patient seemed to be doing well; bowels not having moved in three days, ordered an injection of—

R.—Comp. Tinct. Lobelia and Capsicum, 3 i.
Water, O ss.

To be used warm. One operation; pulse. 100; skin, moist; sleeps well at night.

R.—Quinine, grs. ij.
Hydrastin and Gelsemin, aa, gr. j. Mix.

Give one every four hours. Repeat injection if necessary.

Sept. 26.—Still improving; no fever in last four days; has several boils on arms and body; sweats considerably at night, but is steadily gaining strength.

Continue Quinine, etc., as usual. Also, saline bath occasionally.

The cry of croakers has ceased, and people are wondering at her recovery.

Jamestown, October 4, 1860.

ARTICLE IV.—*A Case of General Dropsy.* By ALFRED MALONE, M. D.

The subject, Mrs. HENRY K. GOLLER, aged about 40 years, has been predisposed to this disease, and years since, had it, though not so bad as now, but much longer. She had been suffering several weeks before I was called, and had been some weeks under allopathic treatment, and grew daily worse under it.

Symptoms.—Beside the ordinary symptoms of general dropsy, I mention a few of the *local* symptoms arising from *hydrothorax* and *ascites*; such as an inability to lie prone without *suffocation*, so oppressive was the *dyspnœa*; some fever; quick, feeble and fluttering pulse; eye-lids, face and extremities œdematous, as well as cool; palpitation of the

heart; pain and tenderness of the abdomen, with very considerable enlargement; paucity of urine, and costiveness. Such were a few of the most marked symptoms in this case.

Treatment.—My first medicine was an antibilious and hydragogue *cathartic*, composed of the following:—

R.—A. B. Powders, $2\frac{1}{2}$ parts;
Cream Tartar, 5 “
Podophyllin, $\frac{1}{2}$ “

This produced copious *watery* alvine evacuations, which promptly relieved the urgent symptoms considerably.

I also put her upon the following syrup once or twice daily:—

R.—Apocynum Can., 3 ij.
Podophyllum Pelt., 3 j.
Aqua, O ij.

Simmer down to xij3; filter, and add saccharum album 3 viij.

A common sized tablespoonful of this was given once or twice daily, in order to keep up free action upon the kidneys and bowels, though not so freely upon the bowels as to weaken the patient.

I also ordered, thrice daily, ʒ j. *Potassæ Acetatas*, dissolved in water, adding to each dose, xx M. *tr. Digitalis*.

Under this treatment, with the addition only of warm *pediluvia*, she rapidly convalesced. As before remarked, the hydragogue cathartic relieved, in some degree, immediately. Four or five days more sufficed to enable her to lie down and rest comfortably. In about fifteen days, she thought herself well. I visited her but once, and prescribed afterward from her husband's description. In about one month from the time I saw her, she visited me, some twenty miles from her residence. I then gave her a little more medicine and dismissed her, cured.

A case of such character, seizing such person, of such predisposition, and arriving at such crisis, certainly never terminated more favorably. I have treated many cases before, with medicines and by tapping, but never with such speedy and happy results, when anything like as bad as was this case.

Palestine, Ill., October 13, 1860.

PART SECOND.

SELECTIONS.

On Acupressure—A New Method of Arresting Surgical Hemorrhage. By J. Y. SIMPSON, M.D., Professor of Midwifery in the University of Edinburgh, etc.

[At the first winter meeting of the Royal Society of Edinburgh, in December, 1859, Professor Simpson made a lengthened communication on acupressure, a new mode of arresting surgical hemorrhage. After passing in review the various means employed in arresting surgical hemorrhage, and observing that ligatures, however employed (even metallic) always act as foreign bodies, and excite higher stages of inflammation than the adhesive, Dr. Simpson said, that what is wanted in plastic surgical operations in order to insure union by the first intention, is to arrest the hemorrhage effectually, and yet not leave any foreign body whatever in the wound. This end is attained by acupressure.]

Dr. Simpson stated that he had tested the effects of acupressure as a means of effectually closing arteries and staunching hemorrhage first upon the lower animals, and lately on two or three operations on the human subject. The instruments which he proposed should be used for the purpose were slender needles or pins of passive iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances require it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hemostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body (as in amputations on the latter, and subsequently injecting tepid water through the arteries, in

imitation of the flow of blood), he had found, that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin. The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle necessarily left exposed to the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube; and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found, 1st, in the cutaneous walls and component tissues of the wound; 2nd, sometimes in a neighboring bone, against which the artery may be pinned and compressed by the acupressure needle; and, 3rd, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the required compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh. In acting upon this mode, the surgeon may place the tip of the fore-finger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inward till its point projects out to the extent of a few lines, on the raw surface of the wound, a little to the right of, and anterior to his finger-tip; he then, by the actions of his right hand upon the head of the needle, turns and directs the needle, so that it makes a bridge as it were *across* the site of the tube of the bleeding artery immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either

with this same fore-finger of the left hand, or with the side of the end of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle further on in this direction, its point re-emerges through the *cutaneous* surface of the flap—and the site of the tube of the bleeding artery is in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it. The needle thus passes first from and through the skin of the flap *inward* to the raw surface of the wound, and after bridging over the site of the artery, it passes secondly from the raw surface of the wound *outward* again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen on the surface of the raw wound, and that not necessarily so, is the small portion of it passing over the site of the artery, while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out,—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. But if it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle exposed cutaneously a figure-of-eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated

upon a piece of cloth or leather. We fasten the stalk of a flower in the lapel of our coat by a pin passed exactly in this manner. To compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and then compressing, with the fingers of the other hand, or with the end of the needle, the part containing the artery against the bone, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and if necessary even emerge from, the cutaneous surface on the other side at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of compression against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point. In two cases, Dr. S. had found that branch of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it (and after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle or needles may yet be passed, immediately before the operation, half an inch or so above the proposed site of the amputation line, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present use of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, a simple and effectual means of compressing and closing the artery leading to an aneurism—as the femoral artery, for example, in popliteal aneurism,—changing the operation for that disease into a simple process of acupuncture instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, manipulation,

and continuous flexion of the limbs fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariectomy, without leaving a foreign body, whether clamp or ligature, upon the stock of the tumor, to ulcerate and slough through it. If the stock be transfixed and pinned in its whole breadth to the interior of the relaxed abdominal walls, by one or more acupressure needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago, John Hunter pointed out that small-shot, needles, pins, etc., when passed into and imbedded in the living body, seldom or never produced any inflammatory action, or none at least beyond the stage of adhesive inflammation, even when lodged for years. Some time ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles was attended with little or no irritation in the implicated living tissues. The Reviewer of their works and experiments in the Edinburgh Medical Journal for 1827, observes: "It is a remarkable circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an *indefinite* length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's patients they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injuries." All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological

law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, where the whole success or failure of the operation depends on the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with the ligature of them, appears, as a means of arresting hemorrhage, to present various important advantages:—1st. It will be found more easy, simple, and expeditious in its application than the ligature. 2d. The needles in acupressure can scarcely be considered as foreign bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign bodies, and can not be removed till they have ulcerated through the tied vessels. 3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe consequences. 4th. The chances, therefore, of the union of wounds by the first intention should be greater under the arrestment of surgical hemorrhage by acupressure than the ligature. 5th. Pyæmia and surgical fever seem not unfrequently to be excited by the unhealthy suppuration, etc., in wounds which are liable to be set up by the presence and irritation of ligatures. 6th. These dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has not the tendency to create local suppurations and sloughs in the wound, such as occur at the seats of arterial ligatures. And, 7th. Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended than at present by surgical fever and pyæmia.—*Edinburgh Med. Journal.*

PHYSIOLOGY.—*On the Chronometry of Life.* By JAS. PAGET, Esq., F.R.S., Assistant Surgeon to St. Bartholemew's Hospital.

The design of this discourse is to illustrate the law that the processes of organic life are regulated with regard to time, as exact as that which is observed by them in respect of size and weight and quantity of material employed by them; and to show that such an observance of time is characteristic of life, depending essentially on properties inherent in the living bodies themselves, and not on conditions external to them. Laws indicating the limitation of the organic formative processes, in respect of quantity, are evident in the facts that, in the ordinary conditions in which each living being is found, it and all its parts have appropriate size and weight and mutual proportion. These may, indeed, be modified by the variations of external conditions, or by events that are of the nature of accidents; but the range of possible variations is, in nearly all cases, comparatively narrow; and the boundaries are soon reached, in which changes of external condition become incompatible with life. An instance of corresponding limitation of the organic processes in regard to time might be noted in the natural duration of each creature's life. It is, indeed, not possible to assign any exact number of hours, days or years, as the constant limit of life in any species; but it is enough to prove a law of time, as limiting the total duration of the organic processes in each, when we see that, in man, and in other species, the length of life, when not diminished by disease or violence, is as fixed as the natural weight or stature is, and that the term of life is marked by changes whose source is inherent in the living body. Watching these changes in the senile degenerations of the human body, it is evident that life does not cease, naturally, because of any change in the external conditions of living; and that the body is not, with advancing years, gradually worn out, as if there were a gradual consumption of a store of material or of force; but that, as, at a set time, the development of the body ceases and growth goes on, and then growth ceases and the body is only maintained in its perfection, so, after a time of such maintenance, the method of the formative processes in the body changes, it slowly degenerates, and through degeneracy

dies. And all these stages are alike natural, constant, timely; all, too, are together characteristic of life; there is no such succession of events to be traced in any form of dead matter. Observance of time may, again, be noted in the formative processes concerned in any of the organs whose changes mark the divisions of a life into its chief periods; *e. g.*, in the teeth. Considering merely the conditions in which the teeth of the first set are placed before they project from the gums, there appears no reason why one should be cut before the other, or why they should not all grow with equal speed. Yet while they all grow alike in regard of structure and composition, they have very different rules in regard to the time-rate of their formation. And a yet more marked instance of time-regulation is in the contrast of the teeth of the first set with those of the second. In all essential characters, except those of strength and size, the two sets are much alike; yet there is the widest difference in the rates at which they are formed, and in their duration. The second teeth require as many years for their formation as the first require months; the first live but a few years, the second should live as long as the rest of the body, and sometimes do so. Now there appears nothing to which, as to an efficient cause, this difference can be referred. Its utility and final cause can be discerned; but, as to that which verily determines the rates of growth, and the durations of the teeth, it can only be referred to a First Cause; or it may be said, as of other things subordinate to a First Cause, that it depends on some of those properties which each living being inherits from its parents, and through which it results that, in respect of time, as well as of method and quantity, the formative processes in the offspring are a repetition of those of the parent. The observation of the development and changes of the teeth affords, moreover, an excellent instance of the punctuality with which time-work is regulated in the organic processes, and of the manner in which several different, and really independent processes, being set to the same time-rate, are made to co-operate to the end of utility in the economy. This is evident in the coincidence of the development of the teeth of the second set, with the removal of those of the first; and in the coincident growth of the jaw, and all its muscles and other apparatus for mastication. In all of these (and the same might be

said of any other system of organs in any species) the formation of every part is achieved with an admeasurement of time as precise, and as perfectly designed as that of its shape, or size, or structure. For examples of organic processes, adjusted to be complete in definite periods of time, the germination of seeds and the hatching of eggs could be cited. In plants, and in cold-blooded animals, the time varies according to temperature, yet not without evidence of a proper time-rate; but among birds, each species has its own time for incubation, as fixed as its other specific characters. In other words, the development of the structures of an egg into those of a young bird, appropriately fitted for life in the open air, is timed to a certain rate of progress; so much work is to be done in so many days, neither more nor less; and on each day its appropriate and special portion of the work. And it is evident that the time occupied in the process is determined by the inherent properties of the egg itself. For if the eggs of any number of species be exposed to the same heat and other conditions, in a hatching machine, then, as surely as the bird produced from each will be like its parents, so surely will it be hatched in the same time as its parents were; in other words, the observance of a specific time-rate in the process of development is as exact as that of any other specific character. With this observance of time in the development of the young might be noticed that which is, commonly, coincident to the parent. Not to cite the example of all the mammalia, that of pigeons might be taken, in which, during the incubation of their eggs, the crops of the parents are remarkably developed, so that they may be fitted for the secretion of a fluid destined to make the food of their young offspring more suited for their sustenance. The correspondence of these time-rates, observed at once, in the development of the young pigeons, and in that of the crops of the parents, demonstrates, in both, a provision for chronometry in their organic processes, as clearly as the faces of two clocks, constantly keeping time together, would prove that they both have some apparatus for chronometry within. Further, the provisions made by parents for their future young afford evidence of the time-regulation of organic processes, in so far as those provisions seem to indicate a reckoning of the time necessary for their completion. For example, certain turtles lay

their eggs in hollows made in the sand, leave them there to be hatched, and at the time of hatching return to them for the sake of their young. It might be asked, how can these creatures, and many others in similar cases, reckon the passage of time? Most probably, they do not reckon it at all; but just as the timely-attained fitness of their organization for preparing and filling their nests impelled them to those acts, so some time-regulated organic processes, taking place in them after the laying of their eggs, bring about at length a new condition, of which a dim consciousness becomes an impulse to them to return to their nests. Such an explanation would involve little guess-work; for changed organization is, manifestly, often the source of impulse to instinctive actions, and the parental organization does commonly change at a rate commensurate with that of the development of the offspring. And a similar reference to chronometric processes in the body might explain many, though probably not all, other instances in which animals seem to have a power of reckoning the passage of time. The phenomena of disease, especially in fevers, agues, the consequences of injuries, and many cutaneous eruptions, would afford abundant instances of the observance of time in the organic processes. The vaccine disease might be generally watched as an illustration, being characterized by a vesicle at each place of insertion of the virus, which vesicle begins to appear on the third day, and on the following days passes through changes which are as exactly regulated in time as they are in visible characters. The changes in this vesicle are, moreover, indicative of a coincident succession of events in, or produced by, the virus inserted, which, in the blood of the vaccinated person, increases, and, incorporating itself in the vesicle, reaches its highest development and greatest inoculating power on the eighth day, and then degenerates. The vaccine might, in most essential points, be regarded as a type of morbid poisons, *i. e.*, of such as are the products of disease. Whether inserted in the blood by inoculation or bred therein, they commonly occupy definite periods of time in their development, and increase, and decline; as with a life which is chronometric in all its phases and in its total length. The instances of morbid poisons would supply examples of organic processes timed to various numbers of days; and many that

are completed in a day, or in given portions of a day, are traceable in the events of sleep and waking in animals (and, perhaps, also in plants), in the daily variations of the pulse, and of breathing, the returns of hunger and thirst, the regulated times of the digestive functions, etc. In man, indeed, consciousness and will are so concerned in some of these functions, that they may seem to lack that regularity which belongs to merely organic processes; but, if studied generally, and in other species as well as man, they all tell of such processes accomplished with regular measurement of time, and not determined by the external events or conditions of the day or night. Thus, for sleeping and waking, and the times of hunger and thirst, man's independence in regard to day and night, or light and darkness, and the habits of different species whose times of activity are severally, in the early or later day, in twilight or at night, may prove that the earth's diurnal changes are not the causes of these diurnal peculiarities of animal life. The very cause of sleep, and of that which is yet more mysterious, waking, may be unknown; but they are evidently connected and correlated with those alternating conditions of the structures, of which men, and probably all animals that sleep and wake, are conscious in the sensations of fatigue and of refreshment. The ordinary activities of one portion of the twenty-four hours, the activities, especially, of the muscles and nervous centers and the senses, produce an amount of structural, or chemical change, which is exactly repaired in rest during sleep. In other words, the organic processes for the repair of structures changed (as all structures are) by exercise, are adjusted to such a rate, that in general, and on an average, in the time of sleep, they may completely restore the parts that are impaired in the activity of waking time. And so, of that replacement of substances in the several structures and in the blood, which is the purpose of feeding; the processes of digestion and of the several stages of assimilation are so timed, as to accord exactly with the times of daily taking. The most minute observances of time in organic processes might be noted in organs that have rhythmic motions, as in hearts and breathing muscles, ciliæ, the vacuoles of certain zoospores, as *Volvox* and *Gonium*. In the Croonian Lecture at the Royal Society, in 1857, the speaker had endeavored to prove that

these and other rhythmic movements in plants, as well as animals, are due to corresponding time-regulated nutrition. He had expressed his belief that "rhythmic motion is an issue of rhythmic nutrition, i. e., of a method of nutrition, in which the acting parts are, at certain periods, raised, with time-regulated progress, to a state of instability of composition, from which they then decline, and in their decline may change their shape and move with a definite velocity, or (as nervous centers) may discharge nerve-force." And this would be still maintained; but whether it were true or not, the rhythmical nutrition of rhythmically-acting muscles would be certain. If not a cause, it must be a consequence of such acting; for it is inconceivable that the heart (for example) or the diaphragm, or any other rhythmic muscle, should be free from waste or impairment in its action, or from the necessity of being renovated in its rest. Difference of mode of action could not determine a difference in the immediate effect of action. With long exercise, muscles become so changed that their changed state can be felt in the sensation of weariness, and proved by chemical analysis. But the change thus proved is only the accumulation of the changes wrought in many muscular actions, each of which has contributed a share to the whole amount, just as each revolution of a wheel contributes to the final wearing out. Similarly, every action of the heart, or of the breathing muscles, is attended with change or impairment of composition; but the impairment is repaired in the next following period of rest or relaxation. In other words, the alternating actions in shortening, and rest in lengthening, of the muscular fibers are correlative and synchronous with their alternating impairments and repairs of composition. The chronometry of such organic processes seems perfect; nutrition is in them divided, as it were, into units; and for each unit there might be reckoned a unit of time.

Two results of this constant maintenance of rhythmic muscles are remarkable, viz.: the enormous power they are capable of exerting, and their freedom from fatigue when only naturally acting. The latter result is proved to depend on the constant maintenance of the muscles, in their timely intervals of rest, by the weariness which is produced in the same muscles when they act otherwise than rhythmically, as in the muscles

of respiration when employed in any voluntary movements, or in coughing, or other violent respiratory acts. The instances adduced thus far might supply examples of organic processes adjusted to periods of time varying from the length of human life to less than a second. They were all examples of large classes of facts, from which might be filled up the instances of observance of other and very diverse periods of time; and in all of them, the time-rate is essentially determined, not by external conditions (though these may, in some measure, modify it) but by the inherent properties of the organic bodies themselves. In another large group of instances, those, namely, in which vital processes are completed, or attain some climax, in a year or in a set portion or season of a year, an independence of external conditions appears less evident. The higher organisms, chiefly by reason of their having in themselves the power of generating heat, may manifest their own time-laws with comparatively little disturbance from without. But in the vegetable world, and in the lower animals, the organic processes are, for the most part, suspended during part of the year, for want, chiefly, of the heat which is a necessary condition of their activity, and the variations of which, for the rest of the year, very greatly affect their rate. Yet even in these there appear sufficient indications that the times in which the processes of organic life are accomplished depend, essentially, on the specific properties of the several organisms themselves. Thus, under the same external conditions, each species observes a proper rate of its own. All the plants, for example, of a given locality are subject to the same temperature, and other seasonal conditions; but their rates of living, like those of various eggs placed in the same heat, are different; each reaches the chief events of its life at a certain period of the year. Variations of the seasons may affect all of them; but their method of succession is not thereby changed; they observe the same proportions in the times severally required for their organic processes; and this unaltering proportion indicates a time-rate specific for each, though equally variable in all. Moreover, among plants, there are numerous examples of varieties, which differ from the general character of their species only, or chiefly, in regard to the times at which their vital processes are accomplished. Such are the variations that are

known as "late," and "early," among flowers or fruits; of which some may be propagated by seeds. [Specimens were shown from two horse-chestnuts growing opposite to one another by the great gate of the Kew Gardens, of which one is, every year, three weeks earlier than the other, in all the processes of its life; and of varieties of *Erythronium*, *Dens Canis*, from the same gardens, the plants of which, growing side by side in the same bed, always present a similar difference in their times of flowering, etc., though in all other respects alike.] It would be difficult to imagine a variety thus marked only by a peculiarity in rate of living, if temperature, or the influence of the seasons, alone determined the rate of life in the species. The simplest explanation seemed to be that, as there may be varieties in size and number of organs, and almost all the other properties of a species, which together make up its specific character, so there may also be varieties in regard to that time-rate of the processes of organic life which, even by this variability, is indicated as essentially dependent on the properties of the organism itself. Again, there are some species in which there seems to exist a singular independence of external condition. Instances of this are found in the *Eriogastor lanestris*, and the other moths mentioned by Kirby and Spence. If pupæ, formed in June or July, be "selected of the same size, and exposed to the same temperature, the greater number of them will disclose the perfect insect in the February following; some not till the February of the year ensuing, and the remainder not before the same month in the third year." Vol. iii, p. 264). The design of so singular an arrangement is, as they observe, to secure that insects, coming into active life in February or March, may not be utterly exterminated by the ungenial weather of a single season, or of two such seasons in succession; but the very cause of the differences among the pupæ, in their relations to the same external conditions, must be in their own properties. A somewhat similar instance of apparent complete likeness among seeds in all respects except that of time, is in those of a *Begonia*, which, if taken from the same pod, and all planted together, and all kept in the same conditions, will germinate, some in a day, some at the end of a year, and some at various intermediate times. To these indications of self-dependent time-rates in the lower organisms,

might be added all the facts of another class, which show punctuality in the adjustment of several distinct processes. Scarcely an event of life could be watched which would not show it. [The instance by which it was illustrated was that of a *Saxifraga*, whose stamens, like those of *Parnassia*, arrive at their very maturity, not all together, but in pairs, and in pairs bend upon the pistil, each pair rising again before another pair bends down.] And, lastly, the influence of temperature on the rate of the formative processes in the lower organisms is scarcely, or not always, greater than that of nutriment and other external conditions is on their quantity. The occurrence of "good" and "bad" seasons indicates the latter influence, as that of "early" and "late" seasons does the former. Plants of the same species growing, some in an arid, others in a rich soil, differ exceedingly in size; the one are stunted, the others exuberant; here nutriment modifies the quantity of formation, as, in other instances, varieties of heat will modify its rate. But this being so, it may be held that as a certain average size or quantity of growth is a characteristic of each species, and an issue of its very nature, so is a certain average time or rate of growth. Quantity and rate may alike be varied by external circumstances, but the standard or medium of both, as well as the limits of variation compatible with life, are determined by the natural and inherent properties of the species. Whatever evidence these and the like facts might supply, that, in connection with the seasons, the time-rates of the organic processes in the lower organisms are essentially dependent on the inherent properties of each organism, similar evidence might be adduced for the case of the higher, and especially the warm-blooded animals. In these the varieties of seasons have less influence in modifying the rate, as well as all the other measures, of life; and the less influence, the higher the species, or the degree of development of the individual. Moreover, there are in the birds some instances in which organic processes have a tendency to observe certain times of the year even when the seasons are changed. Thus, among those brought from Australia to this country, some of the parakeets breed here in December; the black swan sometimes breeds in November as well as in May; the New Holland *Cereopsis*-goose has bred at the Zoological Gardens every February for five or six years.

Among migratory birds, also, it has been observed that when they are kept in confinement, and removed from all the circumstances that might be supposed to induce or necessitate their journeys, they yet become restless at the return of the season for their migration. In these and the like facts there appear indications of a chronometry in the organic processes of warm-blooded animals, which corresponds with that of the seasons, but is essentially independent. And, if it be so, these might form a group of facts, in addition to those of the diurnal variations of the organic processes, in which vital changes are set to the same rules of time as changes of the surface of the earth, yet have their own proper laws; and concerning which it might be said, that the cycles of life, and of the earth, do indeed correspond, but only as concentric circles do, which are drawn round one center, but are not connected, except in design and mutual fitness. But, however this might be, all the instances of time-regulation cited in the discourse (all being examples of large groups of facts), would seem sufficient to prove that the observance of time in organic processes is as exact and as universal as that of any other measure; that each species has a certain time-rate for the processes of its life, variable, but not determined by external conditions; and that the several phenomena commonly studied as the periodicities of organic life, are only prominent instances of the law which it was the object of the discourse to illustrate.

Med. Times and Gazette.

Version without Inserting the Hand in the Uterus.

The two communications of Dr. Braxton Hicks, published in a former number of the *Lancet*, descriptive and illustrative of "a new method of version in abnormal labor," induce me to send you the details of the following case:—

On the 28th of January, I was summoned to attend Mrs. —, a farmer's wife, in her third confinement. On my arrival, I ascertained she had been in labor for several hours. The pains were strong, and occurring at regular intervals; the os I found dilated sufficiently to admit the forefinger; the membranes

were entire. The presenting part I had little difficulty in making out to be the left shoulder, in what I considered the first position. The slightest pressure on it with the finger caused the child to recede considerably, showing the liquor amnii to be abundant. Having now determined that the case could not with safety be left to Nature, I resolved upon having recourse to the operation of turning; but as the time for its performance had not yet arrived, I was content to remain some time longer passive, at the same time avoiding giving a direct answer to my patient's earnest inquiry if all were right, for I knew I should encounter many difficulties were she apprised of the abnormal position of the child. On again making an examination, I found matters as I had previously left them, with the exception of the os, which had expanded to the size of a half-crown piece, and would, if required, admit with little difficulty the whole hand.

From the very great facility with which the fœtus could be raised and moved about, it occurred to me that its position might be improved without either introducing the whole hand or rupturing the membranes—in short, that it might be possible, without having recourse to either expedient, to bring down the head into the brim of the pelvis, so as to convert the case into a natural presentation. With this object in view, I endeavored to raise up the presenting part with two of the fingers of the left hand, while with the right I made steady pressure upon the head in the direction of from left to right. In a very short time the shoulder began to recede, but only to be replaced by another part of the child. The head could now be felt approaching slowly the mesial line. The external pressure was continued, while the fingers of the left hand were employed in guiding the head toward the pelvic brim, into which, before I had withdrawn the hand, it had entered. The case, being now converted into a natural presentation, was left to Nature. In course of time a fully developed and healthy male child was born. The whole operation was completed in less than five minutes, and without the knowledge of the mother—a matter of no small moment in the present instance. No doubt this mode of version was greatly favored by the peculiar circumstances of the case; and, although it may be

applicable in only a very few, it seems to me by far the safest, both to mother and child.

I send you the above observations, which show, as I think, that some cases of malposition of the head may be remedied according to the "new method," without causing the child to perform a complete evolution, in the hope that others may be induced to record their experience on the subject, so that a proper conclusion may be arrived at regarding the merits or demerits of the "new method of version."

London Lancet.

I think the following case so fully confirms the value of the method of turning described by Dr. B. Hicks, that I beg its insertion in your journal:—

Early on the morning of July 24th, I was summoned by a midwife in this neighborhood to go over to Woking to see a young woman under her care, and who was in a dangerous state of flooding. I found the patient, a delicate person, aged twenty-eight, in labor with her fourth child, in a most critical condition; face and lips pallid; extremities cold; pulse, 140, small and tremulous. She had only three slight pains, but had lost a large quantity of blood. I found the vagina filled with coagula; the os uteri dilated to the size of a crown-piece, and entirely blocked up by the placenta. On passing two fingers between the wall of the uterus and the placenta, I felt a cephalic presentation, the membranes being unruptured. Knowing that no time must be lost, I determined on trying the plan of version suggested by Dr. B. Hicks. With my two fingers I made steady pressure on the head, while, with my left hand placed on the fundus uteri, I bore down the nates by gentle impulsive pressure. The head at once receded, and in two or three minutes I felt a foot presenting. Rupturing the membranes, I seized it, and directly afterward the other; and, with a little firm traction, brought the breech down into the cervix. I now waited, and gave brandy and gruel. My patient said she had scarcely felt what I had done to her, and appeared more comfortable. In ten minutes there was a slight pain, when I delivered her of the child (still-born); the uterus contracted freely, and in five minutes I removed the placenta, no hemorrhage following. The patient remained in a rather alarming

condition for some hours, but, by the use of stimulants, etc., rallied, and has since entirely recovered.

I believe that the patient was saved much distress and pain, and that the shock to the system was greatly diminished, by my not being obliged to pass my hand entirely into the uterus; and further, had I done so, I must have separated a larger portion of the attached placenta, whereby there would have been more hemorrhage, which she could not have borne. To me it has been a most satisfactory case, and I think it bears strong testimony to the value of the method.—*Ibid.*

On the Therapeutical Use of the Oxalate of Cerium. By
CHARLES LEE, M. D., House Physician to Blockley Hospital.

About a year since, Prof. Simpson, of Edinburgh, first called attention to the medical use of this preparation, heretofore rarely known, even in the chemist's laboratory. Presented under such high authority, it is not surprising that in a few months there should be made, both in Europe and America, numerous trials of its efficacy in different gastric affections. It was used by Prof. Simpson, so far as I can learn, only in the vomiting of pregnancy. (*Medical Times and Gazette*, Sept., 1859.) But more recently it has proved useful in so much wider a field, that it promises to assume a permanent place among the mineral tonics, and, as such, some account of its therapeutic application may not prove uninteresting.

As regards the preparation itself, but few words are necessary. Its base, *Cerium*, was first isolated by Berzelius and Hisinger, in 1809; together with lanthanum and didymium, it is obtained in considerable amount, as the mineral *Cerite*, from the mines of Sweden; and in this country it has been found, in the mineral allanite, in the interior of New York, and near Bethlehem, Pa.

From either of these sources, it may be obtained by means of the mineral acids and sulphuretted hydrogen at a high temperature, and finally precipitated by a solution of oxalic acid, as described in an interesting paper by Mr. Mayer, of New York. (*Am. Jour. of Pharm.*, January, 1860.)

As thus obtained, the preparation is a white granular powder, an oxalate of the protoxide of cerium, inodorous and tasteless, insoluble in water, alcohol, and ether, but freely soluble in sulphuric acid, by which, as Mr. Mayer remarks, it may be distinguished from the other salts of the earths.

When I first began to use the cerium, I limited it to cases of advanced pregnancy, which had resisted all the ordinary remedies, such as creosote, hydrocyanic acid, ice, bismuth, etc. I specify *advanced* pregnancy, for in no case have I seen this troublesome symptom appear before the fourth month, without yielding to creosote, or prussic acid, or, better still, minute doses of dilute sulphuric acid and brandy. The following cases will illustrate these remarks:—

CASE 1.—Louisa M., æt. 32, was admitted to the obstetrical ward, 16th March, 1860, in the eighth month of her second pregnancy. For three months past, she has had at least two or three spells of vomiting every day, with utter distaste for food, and for some time has been under treatment in the city, without relief. When I first saw her, on April 3d, she was ordered to remain in bed, and to take one drop of creosote in emulsion every three hours; no improvement following in the next two days, this was changed for hydrocyanic acid, and subsequently for a mixture of dilute sulphuric acid and curacoa.

After a lapse of a week, her condition was unchanged, with the exception of increased debility. All previous treatment was stopped, and a pill of two grains of oxalate of cerium was given every third hour. On that day she vomited once, two hours after taking the first pill; the following day she took the same amount before each meal, with no return of the vomiting. The cerium was continued one day more, and from this time until her confinement, April 22d, she enjoyed excellent health in every respect.

CASE 2.—Hannah S., æt. 21, primipara, was admitted to the same ward, April 5th, apparently in good health. But in the course of a week, perhaps from restriction to the plain house diet, she was seized, on rising from bed, with severe vomiting, amounting, in a few days, to violent retching, and returning at frequent intervals, on her making the slightest exertion. For

three days she was treated with opium, creosote, and subnitrate of bismuth, and kept perfectly at rest; but as no change was perceptible by the 19th, I resorted to the oxalate of cerium, giving every second hour a powder containing one grain of the cerium with a few grains of sugar. After the third dose, her vomiting ceased entirely; but fearing a relapse, a similar powder was given before each meal for two days longer, with as complete success as in the former case.

CASE 3.—Charlotte L., æt. 28, was admitted May 16th, in a state of extreme nervous prostration. She expected to be confined in six weeks, but during the last four months she had suffered from such incessant vomiting, as to keep her in daily dread of an abortion. In her former pregnancies, the same thing had occurred, once to such an extent as to induce labor at the seventh month; and then, as now, the vomiting would begin without any assignable cause, both during the day and night. For many weeks, she had eaten only one meal a day, and was disgusted by the very sight of food, which was sure to bring on her vomiting. Her great nervous debility, and the apparently uncontrollable character of the emesis, induced me to prescribe the oxalate of cerium at once. She took at first two grains, and afterward one grain every two hours during the day; but the first dose alone seemed necessary, for from that moment the vomiting never returned. The patient said it acted "like a charm," and until her child was born (at full term), her appetite remained excellent, and she felt quite as well as before her pregnancy.

CASE 4.—In this case, though similar to the foregoing, the cerium was less happy in producing a permanent effect. When administered, it readily arrested the vomiting for a few hours, or during the day; and, by keeping the patient under its influence to a slight extent, the emesis was held in check, until it gradually passed off entirely.

But, as I have remarked, the efficacy of oxalate of cerium appears by no means confined to the relief of vomiting in pregnant women. In the vomiting that often accompanies phthisis, in pyrosis, hysterical emesis, and the various dyspeptic conditions of the stomach, especially in atonic dyspepsia, I have

found the effects of this remedy no less encouraging. In the following cases it was given to check the vomiting of phthisis.

CASE 5.—C. F., æt. 58, was admitted to the phthisis ward about the end of March, 1860. He gained slowly in strength up to the middle of June, when he lost his appetite, and suffered from constant nausea and vomiting. This was always brought on by a severe spell of coughing, or by eating a single cracker, and the nausea remained even when the stomach was empty. Various remedies had been tried without relief, and on July 10th, he took, for the first time, one grain of cerium before each meal; he vomited once that evening, and once the following day, but thenceforward improved rapidly, in great measure regaining his appetite; and although the vomiting sometimes returned when the cerium was stopped, a few grains of the medicine always promptly arrested it.

CASE 6.—James S., æt. 31, far advanced in phthisis, with slight valvular disease, had the vomiting well marked when admitted, July 16th. He was extremely feeble, and could eat nothing; ordered Huxham's tincture and cod-liver oil, which only sickened him more. He was treated then with cerium, in doses of one grain every two hours; his vomiting ceased after the third dose, and during the ensuing four days that he was under treatment, his appetite was nearly restored; but no final report could be made of this case, as the patient was soon removed from the hospital by his family.

CASE 7.—Conrad G., æt. 20, entered the medical ward, with inherent phthisis, enfeebled with night sweats, loss of appetite, and occasional vomiting, greatly increased by violent coughing. On July 18th, I ordered him a grain of oxalate of cerium an hour before each meal; in two days he said he felt better than for many weeks; his appetite had returned, and, with his increasing strength, the night sweats rapidly diminished in severity, and occurred only at long intervals.

CASE 8, was one of hysterical amenorrhœa, characterized by violent convulsions, succeeded by gnawing pains in the stomach,

with severe nausea and vomiting. I tried in vain to arrest this, and restore the patient's appetite by gastric sedatives, tonics, and nerve stimulants, but with no effect. The cerium was then prescribed in one-grain doses, with which—suspecting worms in the alimentary canal—I combined four grains of santonine; this was given every third hour, and by evening the vomiting and gnawing sensations in the stomach ceased, and, though they returned once or twice after subsequent convulsions, a few doses of the cerium invariably put a stop to the symptoms, as long as the case remained under my charge.

Finding the cerium so excellent in repressing vomiting, I tried its effect in fourteen cases of atonic dyspepsia, and uniformly with the same gratifying results. These cases were carefully selected, and only after an exact diagnosis, was the cerium treatment adopted, for benefit could not reasonably be expected, where the dyspepsia was dependent on malignant, or other organic lesions. And here it is worthy of remark that, whether in relieving the nausea, or simply restoring the appetite, the effect of the medicine was perceptible almost as quickly as in the cases first quoted. The same point is emphasized in the paper of Prof. Simpson, already referred to, and it was indeed this fact—the rapidity of its therapeutic action—that especially engaged my attention, and after repeated experiments with this view, I was inclined to regard it as peculiarly characteristic of the cerium.

In reference to the view of its therapeutic nature expressed by Prof. Simpson, who considers it a *sedative tonic*, I think it just to state that I endeavored to test its validity in several cases of acute and subacute gastritis, both idiopathic and supervening on debauch, or delirium tremens, but in none could I detect any amelioration of the symptoms. I make this remark with no disposition to impugn the opinion quoted, and only to record my experience so far as it extends; for, I have neither the inclination nor the data sufficient to build a theory upon the therapeutics of an agent as yet so little known as the oxalate of cerium.—*American Journal*.

On the Diathetic Diseases of Childhood. By WILLIAM JENNER, M. D.

[The great diathetic diseases of childhood are four, viz., rickets, tuberculosis, scrofula, and syphilis. All are liable to produce striking and peculiar deviations from the healthy structure of particular organs and tissues. The following is a brief enumeration of the leading features of a typical case of each of these four conditions:—

Tuberculosis.—Nervous system highly developed; mind and body active; figure slim; adipose tissue small in quantity; organization generally delicate; skin thin; complexion clear; superficial veins distinct; blush ready; eyes bright, pupils large, eyelashes long; hair silken; face oval, good-looking; ends of long bones small, shafts thin and rigid; limbs straight. Children the subjects of tuberculosis usually cut their teeth, run alone, and talk early.

Leading Pathological Tendencies.—Fatty degeneration of liver and kidneys; deposits of formation of tubercle, and their consequences; inflammation of the serous membranes.

Scrofulosis.—Temperament phlegmatic; mind and body lethargic; figure heavy; skin thick and opaque; complexion dull, pasty-looking; upper-lip and alæ of nose thick; nostrils expanded; face plain; lymphatic glands perceptible to touch; abdomen full; ends of the long bones rather large; shafts thick.

Leading Pathological Tendencies.—Inflammation of the mucous membranes of a peculiar kind; so-called strumous ophthalmia; inflammation of the tarsi; catarrhal inflammation of the mucous membrane of the nose, pharynx, bronchi, stomach and intestines; inflammation and suppuration of the lymphatic glands on trifling irritation; obstinate diseases of the skin; caries of bone.

Rickets.—Mental capacity and powers small; muscular force deficient; mind and body inactive; figure short; closure of the fontanelles retarded; face small, but broad; skin opaque; often set with downy hairs. Children the subjects of rickets are late in cutting their teeth, in running alone, and in talking, and their teeth drop early from their sockets.

Leading Pathological Tendencies.—Softening of the bones;

enlargement of the ends of the long bones; thickening of the flat bones, and deformities consequent on these conditions of the bones; so-called hypertrophy of the white matter of the brain; chronic hydrocephalus; pulmonary collapse; laryngismus stridulus; convulsions; albuminoid infiltration of the liver, spleen, lymphatic glands, etc.

Syphilis.—Adipose tissue small in quantity; muscles flabby; cutis rough—deficient in contractility; complexion muddy.

Leading Pathological Tendencies.—Suppurative inflammation of the mucous membrane of the nose; ulceration of the mucous membrane of the nose and of the lips, mouth, throat and anus; falling of the hair; eruptions on the skin of a peculiar character; induration of the liver; suppuration of the thymus, lungs, etc.

There are pathologists of high repute who regard rickets, scrofulosis and tuberculosis to be mere modifications of the same disease. I and others hold them to be distinct affections. The whole difficulty of the question lies in the difficulty of determining what is necessary to constitute identical diseases. With reference to some diseases the grounds of separation are broad and unequivocal. Scarlet fever and measles are distinct diseases because their specific cause is different. Syphilis and tuberculosis are undoubtedly not identical, because syphilis owes its origin to a specific cause, and tuberculosis does not. Rickets, tuberculosis and scrofulosis are due, it is said, to mal-nutrition, and therefore it is urged they are essentially identical; but it is manifest that the term mal-nutrition is at once very vague and very comprehensive. All diseased action by which unhealthy structure is formed in the place of healthy, may be called mal-nutrition. Pus is the result of mal-nutrition, cancer is the result of mal-nutrition, tubercle is the result of mal-nutrition,—and yet the purulent, cancerous, and tuberculous diathesis can not be held to be identical.

I hold rickets, tuberculosis and scrofulosis to be distinct diseases in the sense in which tuberculosis and cancer are distinct diseases, and for the following reasons:—

1. Because the general condition in each is perfectly different from that in the other.
2. Because the pathological tendencies of those who manifest these different general conditions are different.

3. Because we rarely see the pathological tendencies of the one manifested by those, the subject of the others, *e. g.*, rickets is absolutely unfavorable to tuberculization—tuberculization to strumous ophthalmia.

4. Because, tuberculosis being unquestionably hereditary, we do not find the children of phthisical parents especially prone to rickets or to scrofulosis.

5. Because, although we often find several members of the same family the subjects of rickets, of tuberculosis, or of scrofulosis, it is comparatively rare for members of the same family to be the subjects of more than one of these diatheses.

6. Because rickets are not hereditary in the sense in which tuberculosis is hereditary.

7. Because the course, prognosis and treatment of each of these diatheses are different.

Med. Times and Gazette.

PART FOURTH.

EDITORIAL.

THE NEW YEAR.

With this number, our Journal commences its twentieth volume. In its infancy and boyhood it had many trials to contend with, and many obstacles to overcome. It has lived through and surmounted them; it still lives, and we trust its existence will continue many years to come. It was established to accomplish a mighty work; it has achieved that result, but its labor is not yet done.

Impersonate "Old Physic" as it was twenty years ago, and there stands before you a venerable, hoary-headed "old fogey," with his hands full of lancets and breeches' pockets full of calomel, promulgating his opinions with dogmatic arrogance, and teaching his disciples that venesection and salivation are the only sure processes by which disease can be eradicated from

the human system. The whole profession had mysteriously gotten so completely under the control of this tyrannical old medical dictator, that none dared to step beyond the platform of principles which he had laid down. Let one venture to contradict established opinions, and his anathemas and excommunications were hurled upon the heretic's head with the diabolical vindictiveness of a pontiff's bull. Presuming upon the immunity which age affords, he enforced his rotten dogmas without opposition, and commanded the blind obedience of the vassal of a feudal lord. The whole "saw-bone" crowd crouched before him, phlebotomizing and mercurializing by the scratches of his square and compass. They bled, and purged, and salivated, and killed, by scientific rule as old as Hippocrates; and that made murder right.

But, fortunately, not many years ago, a few minds bolder than the rest, dared claim the right of thinking for themselves, and revolted against the tyrannical rule of "Old Physic." This Journal was established to fight against the common foe of diseased humanity. Since then it has battled faithfully and manfully against him; it has snatched the lancet from his grasp, has rifled his pockets of a large portion of his grand "panacea," and substituted other remedies for them, and has demonstrated by argument and experiment that his theories were unsound and remedies unsafe. "Old Physic" exerted himself to the utmost to crush the rebellion in its infancy. He stormed and swore, and emptied his vials of wrath and contempt upon the heads of the seceders; he ostracized and anathematized, but all to no purpose. Young Physic grows, and enlarges, and this Journal is the exponent of its doctrines, is firmly established, and will live to see the views which it advocates universally entertained.

With the opening of a new year, we intend to increase our exertions and labor unremittingly for the advancement of the cause to which we are attached. We are cheered by the encouragement we are receiving from our patrons, and from the fact—which is daily growing more palpable—that the people are becoming decidedly Eclectic. The doctrine suits them, and they embrace it with ardor. They have only to know what it is, to become its firm supporters. Our practitioners should

bear this in mind, and let the *Journal* be extensively read by the masses.

To our friends, we extend our greetings, and a happy new year. We thank them for their past favors, and hope they will continue their support by manifesting unceasing zeal in the cause, by contributions, and by spreading a knowledge of the system as widely as possible.

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PROLEGOMENA.

Having been invited to assist in editing the *Journal* for the coming year, I make my best bow to its readers, wishing them a happy New Year. What I shall write for these pages will be my honest convictions; and if I should chance to tread on anybody's corns, I beg their pardon beforehand, with the advice that they speedily consult their chiropodist as to the advantage resulting from extraction versus compression. As we enter upon the new year, it becomes us to look back at the past, and see what progress we, as Eclectics, have made in improving the art of healing. For my part, the retrospect is not very flattering. I see, in years gone by, a class of earnest seekers after truth; men of strong wills, keen discrimination, and unwavering perseverance, who were attracted to Eclecticism by their love for truth—who pursued the study of medicine continuously, devotedly, oftentimes under the most discouraging circumstances; but who attained results of the most flattering character. They were the men who proved to the people the great advantages of this reform in medicine, and who fixed it on a firm foundation. They were, doubtless, not as well polished as our physicians now; but they were better diagnosticians and therapists. We want more energy, greater diligence, and less disposition to settle back upon the reputation Eclecticism has already obtained with the people. Couple this with our increase of physiological and pathological knowledge, and the really good remedies lately introduced, and we will be able to chronicle progress in years to come. We

will have to make progress, for old-school medicine, which was left so far behind, is following us with giant strides, appropriating our therapeutic resources, and wielding them with such skill, as to take away, in some sections, the prestige which appears to be, to some extent, the modern eclectic's capital. We must go ahead, or be run over. If our practitioners will put their shoulders to the wheel—go at it in earnest, and report through the *Journal*, or otherwise, 1861 will be a year that can be marked with a white stone.

SCUDDER.

A GOOD PREPARATION.

R.—*Asclepias Tuberosa*, *Trillium Pendulum*, aa, lbj. Put in a vessel and cover with boiling water; digest for twelve hours, keeping it hot; express, adding water until two quarts of liquid are obtained. Then add Acetous Tincture Lobelia, O j.; Acetous Tincture Sanguinaria, O ss.; Tinct. *Veratrum Virid.*, 3ss.; Molasses, O ij. Flavor with Oil of Lavender.

It will be seen by noticing the character of the agents used, that it will fulfill several desirable indications in the treatment of acute diseases of the respiratory apparatus. If there is want of secretion, administered in nauseating doses, it will reproduce the secretion, modify febrile reaction, and stimulate the excretory organs. If there is increased secretion with difficult evacuation, given in smaller doses it will give the necessary stimulation, and favor expectoration. In croup, it proves a very good combination, as any one can see by looking at its components. In all cases, it tends to modify irritation, and thus mitigates or arrests cough.

I am not a believer in recipe practice, and only offer this as a very convenient mode of administering certain well known agents. I may add, that T. C. Thorp proposes to prepare the compound so as to bring the virtues of the different articles into a smaller compass.

SCUDDER.

DIPHTHERIA—ITS TREATMENT.

Much, of late, has been written about this, the prevailing epidemic of our country; and we find quite a variety of opinions in regard to its treatment. Having had quite an extensive experience in its treatment, I have been requested by members of the class and others, to put my views of it in black and white for their benefit.

Diphtheria, I hold to be a *general* as well as a local disease, as is proven by the *languor, listlessness, torpor* of the *nervous system*, and *derangement* of the *excretory* organs, which, as a general rule, precede the local disease; all being symptoms of perversion of the blood, and almost invariably indicating the establishment of febrile reaction. We also find the evidence of *perversion of the blood*, in the heavily-coated tongue, which is more or less discolored at the commencement of the disease, and always, in severe cases, exhibiting the brownish tinge, with more or less sordes upon the teeth as the disease progresses; in the diphtheritic deposit, which is markedly different from the exudations from highly vitalized blood; in the secretions, the urine, in severe cases, being abundant, in all cases discolored, frothy, more or less clouded, with a peculiar, somewhat cadaverous, odor — what the ancients would have termed *illy concocted*; in the evacuations from the bowels obtained by cathartics, which are frequently large, dark, and almost invariably fetid; and especially in the condition of the blood itself when the disease has attained its maximum, which is dark, is not changed by exposure to air, forms a loose, easily broken-down coagulum, or does not coagulate at all. Post-mortem examination, in those cases that have run a regular course, *i. e.*, that have not been terminated by an extension of the disease to the respiratory apparatus, shows us the blood broken down to considerable extent, more or less discoloration of tissues from extravasation of the coloring matter, and softening of the tissues. These facts, it appears to me, prove conclusively the opinion given above.

There are cases in which the disease is entirely local, at least there is no febrile reaction; but such cases are mild. In all severe cases there is fever, which sooner or later assumes a

typhoid type. In order to get a fair understanding of the case then, let us divide the disease into, first, a fever of an adynamic character ; second, a local inflammation of the mucous membrane of the throat.

What are the indications of treatment in such a fever ? Plainly they are : first, to reduce the rapidity of the circulation, because we well know that this change in the blood, spoken of above, progresses much slower when the frequency of the pulse is reduced ; innervation is improved, and the system placed in such condition that we can get an action from the excretory organs ; second, to get secretion from the skin, kidneys, and bowels, as it is through these organs that the morbid material circulating in the blood must be eliminated ; third, to increase innervation, for reasons that must be obvious to the reader ; fourth, to employ such antiseptic agents, as will counteract the septic tendency of the blood ; and fifth, to sustain the strength of the patient.

To fulfill the first indication, we may employ either the *direct* or *indirect* sedatives. I prefer the first, and select Tinct. Veratrum and Aconite as the agents. They must be properly administered, however, as they are agents that can not be given at random without danger. To water 3 vj. add Tinct. Veratrum Vir. ʒ ij., Tinct. Aconiti, Rad. gtt. xxx. Concentrated Tinct. Asclepias, 3 ij. ; to a child five or six years old, give a teaspoonful every hour, until the pulse is reduced to about ninety beats per minute, continuing the remedy in such doses as will just retain it at that point. Usually, from six to ten hours will elapse before you have produced the necessary sedation ; in the meantime the alkaline bath may be used, or, if there is deficient circulation to the skin, add stimulants ; the extremities must be kept warm. It has been objected to the use of sedatives, in this disease, that they produce prostration ; and so they will, if given in large doses undiluted, but, in the way I recommend, I guarantee that the pulse becomes stronger, with better circulation in the extremities, and better innervation as sedation is produced.

One thing at a time is the golden rule, in medicine ; we fulfill the first indication, before trying to fulfill the second, for the very good reason, that until we have reduced the rapidity of the circulation, it is impossible to get secretion. But did it ever occur to you, Doctor, that the above rule is physiologically

correct, and should be always observed, in the administration of medicine? Just reflect on it—let your mind run back over your practice, and see if you can not recollect many untoward results, from giving medicine hit or miss. Almost any warm diaphoretic infusion will now cause secretion from the skin: to the diaphoretic add acetate of potassa, so that the patient will take about 3j. in twenty-four hours, or, if the disease has progressed until antiseptics are needed, Chlorate of Potassa should be substituted for it, adding an equal quantity of Muriate of Ammonia. If symptoms exist indicating the necessity of evacuating the bowels, accomplish it with mild vegetable cathartics; if not, let the bowels alone.

As soon as secretion from the skin and kidneys is established, we commence the administration of Quinine, with some suitable bitter tonic, say Hydrastine. The principal object in giving Quinine is to obtain better innervation; which is the invariable result, when the system is properly prepared for its administration, and it is rightly given. We would combine the agents named, in equal parts, giving from 1 to 2 grains every three or four hours. If the remedy cause excitation of the brain, with increased frequency of the pulse, stop it until these symptoms pass off, then recommence with smaller doses; if it fails to accomplish the end desired, increase the doses, recollecting that we continue the three different classes of remedies together, for the purpose of continuing the influence of each.

The fourth indication, it will be seen, is being fulfilled by the agents named above; but, if our patient desires acid drinks during any period of the disease, they should be given. The fifth indication is also being fulfilled; but as soon as the fever is reduced, and secretion established, nutritious food should be given *in such quantities as can be digested by the patient*. If at any period of the disease prostration becomes such that they are demanded, we use stimulants — as we would in the latter stages of typhoid fever. There is one thing yet to be mentioned:

Our patient must have sleep; it will not answer to give narcotics, while there is febrile reaction and want of secretion; but as soon as the two first indications are fulfilled, we can use opium for the induction of the necessary rest, with the greatest advantage.

I have been thus explicit, in the direction of the general treatment, because it is of major importance ; the constitutional, or general disease, must be arrested if we wish to contend successfully with the local affection. Please observe that I give medicine by *rule*, and try to accomplish one thing at a time.

Upon examination of the throat, in the early stage of the disease, we find two distinct conditions ; in the one case the mucous membrane is bright red ; in the other, of a dark purplish color, or somewhat blanched, with bluish discoloration. In the first instance, I apply with probang, Tinct. Veratrum, just sufficient to wet the surface ; which exerts a marked influence in arresting inflammation. In both cases I direct, as a gargle, Chlorate of Potassa, 3 ss., Water, 3 iij., to be used every one, two, or three hours. Where there is dark discoloration, I add 3j vel, ij. of Tinct. Myrrh. The external application, invariably, is a flannel cloth, folded three or four thicknesses wrung out of cold vinegar, to be changed every two or three hours, and constantly kept covered by a dry flannel. If there is much tumefaction of the mucous membrane, dry-cup the neck ; or, if nothing contraindicates, and the case demands it, cup and scarify. We wish to keep the throat as free from the exudation as possible, in order to prevent serious ulceration, which sometimes assumes a phagedenic character ; when, therefore, it becomes partially detached, remove it.

If there is an extension of the disease to the larynx, manifested by stridulous respiration, croupy cough, altered, and at last, loss of voice, give an emetic of Acetous Tinct. of Lobelia and Sanguinaria, or, if there is greatly increased secretion, with difficult evacuation, so as to clog up the air passages, and produce symptoms of slow asphyxia, give the emetic ; or, if there is alarming prostration of strength at the commencement of the disease, give the emetic ; or, if the disease commences with nausea or vomiting, give the emetic.

I may add, that the treatment above given has proved eminently successful in my hands.

SCUDDER.

SPRING SESSION.

The announcement for the Spring Session may be found on third page of cover.

MISCELLANY.

In that very severe pain over the frontal sinuses and supra-orbital region, occurring with coryza, a local application of Tinct. Aconite, will give speedy relief.

In former days, says Dr. W. Williams, medicine was little more than a matter of routine, and the examination of a patient was summed up in feeling the pulse, looking at the tongue, and asking a few questions as to the feelings and functions; and this was often done for the sake, more of form, than of information; for the pills and draughts were much the same, in most cases. This was but little better than quackery, and required no great preparatory study. That it sometimes succeeded, to win the favor of the public, is not surprising, seeing that quackery often had a similar, or greater success. Then the ignorant practitioner could disguise his emptiness by a cloak of mystery and a solemnity of manner, and could command confidence by dropping a hint about his experience, tact, and intuitive perception of disease. But ignorant as people still are, in medical matters, they are not so dull as to be deceived by these means. They have a smattering of physiology, and the use of remedies, and they are become troublesomely inquisitive; and if they are taken in, it is by the clever quack, who is ready with his theories and persuasive proportion of cures, and not by the unsatisfactory regular, who examines but little, and can not explain his views or modes of practice. In short, the public look for what they have a right to expect, thoroughly educated practitioners, who prove their qualifications by their careful method of investigating disease—the clearness with which they give their opinions, and the general correctness of those opinions.

Dr. Williams need not have headed his remarks with, *formerly*, for if they were ever applicable, they are at the present, to eclectics as well as old school medicine. There is a mentable deficiency in the course of study in all medical col-

leges, and a constant graduation of men utterly unqualified to practice medicine. No wonder that it is the fashion to decry our profession—to call it a poor profession—a degraded profession. Poor it is, and to some extent degraded, and so it will continue, until the civil power shall say, if you practice medicine, you *must* have the necessary qualifications, or until the people become so enlightened that they are able to determine the qualifications of the men who propose to take charge of their health and lives. *May that time soon come!*

ERRATA.

On page 698 of the December number, occurs an error which mars the sense of the passage. It should read as follows:—
“To reach this, I applied a paste of the Chloride of Zinc, made as follows: To finely pulverized Chloride of Zinc, add a few drops of Water and a little powdered Hydrastis.”

On page 743 of same, under head of Chloride of Zinc, etc., in the second line, for Chloride of Lime, read Chloride of Zinc.

BOOK AND JOURNAL NOTICES.

A PRACTICAL TREATISE ON THE *Æ*TIOLGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS. By WILLIAM BODENHAMER, M. D. New York: S. S. & W. Wood. 1860.

Heretofore, no systematic treatise on “Congenital Malformations of the Rectum and Anus” has ever been offered to the profession. All the written information upon the subject was locked up in detached articles and reported cases, scattered here and there through various journals, and in foreign languages. The author of the volume before us, garnering all that is valuable from these various sources, and combining such information with the results of his own experience and observation, has presented a work of great practical utility, and has

thus supplied an important *desideratum* in the system of surgical art. The different malformations are abundantly illustrated by lithographic plates of exquisite execution, and their treatment exemplified by nearly three hundred reported cases. The work is gotten up with great care, and should be in every physician's library.

EDITORIAL ABSTRACTS AND CLIPPINGS.

Gelsemin.—This preparation is the combined medicinal principles of the bark of the root of the *Gelsemium Semper-virens*, commonly called Yellow Jessamine. Its medicinal properties are nervine, febrifuge, anti-spasmodic, alterative, emmenagogue, and narcotic. At present we only wish to write a short article in relation to certain properties which have rendered it an invaluable remedy in our hands. We introduced the *Gelsemin* to the notice of the medical profession nearly eight years ago. We have used it in a great many forms of diseased action, and now relate our experience in a few of them.

For controlling hemorrhage the *Gelsemin* is the most certain remedy with which we are acquainted. In excessive hemorrhage from the lungs, administer from one half to one grain, and in a majority of cases the flow will soon stop. In cases of occasional hemorrhage, give from one eighth to one half grain, in combination with a tonic and alterative, at night; repeat the dose for a few successive nights, or until the tendency is no longer observed.

In uterine hemorrhage its action is very prompt. Administer in doses of one tenth to one quarter of one grain.

It will, in a few hours, arrest the bloody discharges of dysentery. Give one eighth of a grain in combination with stimulants, tonic, astringents, or demulcents, after each action of the bowels.

We believe it to be, in the treatment of spermatorrhea, as near a specific as any medicine can be. Administer the following powder each night on retiring:—

℞.—*Gelsemin*, grs. ss.

Lupulin, grs. iij. Mix.

Gradually diminish the dose as the patient shows signs of improvement. We have cured several severe cases with from six to ten doses.

We combine the Gelsemin with the other usual remedies in various nervous affections.

Deafness and blindness, caused by partial paralysis of the nerves, are ultimately relieved, if not entirely cured, by the use of the Gelsemin.

We often combine Gelsemin with Podophyllin, to qualify the harsh action of the latter. This combination will be found very serviceable in rheumatism.—*Jour. Indig. Mat. Med.*

Cylindrical Pencils of Tannin in Certain Affections of the Uterus.—This form of application, pointed out by Dr. Bocuquerel, seems likely to be of service in the treatment of lesions affecting the cavities of the neck and body of the uterus. In particular, in the fungous conditions of their mucous membranes, with consecutive hemorrhages, the tannin pencils might be advantageously substituted for the intra-uterine injections, which are not always free from danger. Dr. Bocuquerel's formula is—

R.—Tannin, 4 parts; gum tragacanth, 1 part; breadcrumb, q. s. to give the proper consistence.

These pencils are 5 millimetres in diameter, and 3 centimetres long. To use them, the neck of the uterus is exposed by means of the speculum; a pencil of tannin is introduced by means of the forceps into the os tincæ, and is then pushed into the uterine cavity, and secured there by means of a plug of lint soaked with a concentrated solution of tannin. Once in position, the pencil softens and dissolves, and modifies the tissues with which it is in contact. At the end of twelve hours, the plug of lint is withdrawn by means of a thread attached to it. Every three or four days a new pencil is introduced in the same manner; and after a month of this treatment, the fungous state of the mucous membrane progressively disappears, and the hemorrhages are arrested.—*Edinb. Med. Jour.*

Mistakes of Physicians.—Oliver W. Holmes (physician, philosopher and poet), in a lecture upon physicians, gives the following accounts of some mistakes which have been made in medicine:

Sooner or later every body is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and kill his patient. Mr. Dease, of Dublin, was more fortunate in a case he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it, and proved himself in the right. Soon after he made a similar diagnosis. He thrust in a lancet as before, and out gushed his patient's blood and his life with it. The next morning Mr. Dease, was found dead, floating in his blood. He had divided the femoral artery. I have doomed people, and seen others doom them over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they lived, and some are living still. I see two men in the street very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist upon living sometimes, though manifestly moribund.

In Dr. Elder's *Life of Kane*, you will find a story of this sort told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to take care of them. An old lady in this city near her end, got a little vexed in a proposed change of her will; made up her mind not to die just then, ordered a coach; was driven twenty miles to the house of a relative, and lived for four years longer. Cotton Mathers tells some good stories which he picked up in his experience, or out of his books, showing the unstable equilibrium of prognosis. Simon Stone was shot in nine places, and as he lay for dead, the Indians made two hacks with a hatchet to cut his head off. He got well, however and was a lusty fellow in Cotton Mather's time. Jabez Musgrave was shot with a bullet that went in his ear and came out his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. Per contra: Col. Rossiter, cracking a plum stone with his teeth, broke a tooth, and lost his life. We have

seen physicians dying like Spigelus, from a scratch ; and a man who had a crowbar shot through his head is alive and well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.

Small Pox and its Prevention—Interesting Experiments.—In Sweden, for twenty-eight years previous to the discovery of vaccination, says the *London Times*, 2,050 out of each 1,000,000 died annually of small-pox, while for forty years after the discovery the death-rate averaged only 158. In Westphalia it came down, under similar circumstances, from 2,643 to 114 ; in Bohemia, Moravia and Silesia, from 4,000 to 200. In Denmark the fatality of the disease became but an eleventh of what it had been ; in Berlin and large parts of Austria, 120. Finally, from observations made for twenty-one years on 40,000 persons in Bohemia, it appears that the risk of death to vaccinated persons, if they happen to contract the small-pox, is at the rate of five and a half to 100 patients ; but the risk of death to non-vaccinated persons when they contract the disease is at the rate of twenty-nine and four-fifths for every 100 patients. And the concurrent testimony of London, Vienna and Milan shows, in an experience of nearly 26,000 cases, that small-pox after vaccination, if it occurs, is but a fifth or sixth part as dangerous as the natural disease. And yet the small-pox is now increasing. The protecting influence of infantine vaccination has diminished (this is the important fact), and cases of small-pox after that operation have become more numerous, not, indeed, because vaccination is a delusion, but because the present process hardly amounts to vaccination.

Four reasons are assigned for the recent increase in small-pox. First, bad vaccination in respect to the choice of matter employed, and an observance of the rules propounded by Jenner. Unqualified persons have been in the habit of operating with matter in an imperfect state, especially in England, and for many years past until “there is reason to believe the perfect vesicle is becoming the exceptional one, and not that which

is most commonly seen and resorted to." Secondly, there is reason to believe that, apart from disturbing causes, the cow-pox matter itself tends to deteriorate by descent. It has been ascertained that its vesicles are less prominent than formerly, that its symptoms are shorter in duration, and that the older scars are much better marked than recent ones. In short, a series of observations has established, says Mr. Simon, that "certain original properties of the vaccine contagion have very generally declined after its long successive descent from the cow," and it is now questionable "whether an indefinite length of transmission of the vaccine contagion, without renewal from the cow, has not been of public detriment." Thirdly, apart from the fact of the renewal of lymph having been omitted by the National Vaccine Establishment since Jenner's time, there was some time since a demand upon its resources which it was unable to supply with lymph of the best existing quality; and fourthly, there was no government requirement of vaccination till recently, and even yet this is imperfectly enforced.

The Vaccination of Indians.—We learn from the National Intelligencer that one of the Senate's amendments to the Indian appropriation bill provides to a limited extent for the continuation of vaccination among the Indians, recently suspended in consequence of the appropriation having run out. This horrible disease has carried off thousands of the "red men of the forest." By reference to the reports of the office of Indian Affairs for the years 1847-8, we learn that the small pox swept away whole tribes of these unfortunate people, and that of the Sioux Indians alone, 17,200 died of the disease. More recently, in the year 1853, nearly 12,000 of the confederated bands of Sioux and Omahas died with the same terrible disease. In 1857, 400 of the Pawnees died from its effects.

A Large Fortune to Establish a Botanical Museum.—The late Adam F. Weston, of Bombay, has left a bequest of over \$700,000 to the town of North Allerton, in Yorkshire, England, of which he was a native. The whole sum to be devoted to the foundation of a Botanical Museum for the northern counties of England.

Podophyllin in Syphilis.—A correspondent writes that he has treated successfully one hundred and twenty cases of syphilitic affections with Podophyllin.

He gave the medicine in doses of from one eighth to one fourth of a grain, three times per day. We were well aware that Podophyllin is a valuable remedy in syphilis, but we did not suppose that it would alone successfully combat the disease. We should be pleased to hear from all who have used the Podophyllin in such affections.—*Jour. Indig. Mat. Med.*

Cerasein in Fever and Ague.—Cerasein is the name given to the combined active principles of the bark of the Cerasus Virginiana, commonly called Choke Cherry.

This article is unsurpassed in the treatment of Ague and Fever. Premise the use of the Cerasein with the following cathartic dose:—

R.—Podophyllin, gr. j.
Gelsemin, grs. ss.
Asclepin, grs. ij. Mix.

Give at night, on retiring, and follow in the morning, with six or eight grain doses of Cerasein every three or four hours.

Do not administer the Cerasein during the paroxysm, but during the intermission. The Cerasein can be used successfully where Quinine is inadmissible.—*Id.*

Requisites for Making Good Butter.—What are the requisites for making the best butter?

There are a few butter-makers who have established such a reputation for making the very finest article, that all they can spare for market is eagerly taken at several cents a pound above the market price. So far as we know, they all adopt the following rules; or if they do not, they practice them:—

1. A perfectly clean cellar; not only clean from all dirt, but from every bad odor—pure, sweet and fresh.

2. Perfectly clean, well-aired vessels. Not an infinitesimal

speck of any foreign or sour substance adheres to any of them.

3. Churning before the cream becomes old.

4. Securing such a temperature that it will require about half an hour for churning; if performed much sooner, a loss of butter must occur, and it is not so good.

5. Work all the buttermilk out, which is rarely done—and work no longer, which is still more rarely, but sometimes, done.

6. Use the purest salt, and add an ounce to a pound.

7. Pack the butter in the jars or firkins *solid*; put as much in a small space as possible.

8. Lastly, and first also; provide good, sweet pasture, and plenty of perfectly pure water, for the cows at all times.

If any have practiced all these, and have not succeeded, we should like to hear from them. It is proper to state, however, that there some who assert that their vessels, etc., are clean, when, in fact, they are far from it.—*Country Gentleman*.

Great Destruction by Fire of Literary Treasures.—On the 27th of August, at Gotha, the Castle of Fredenstein was discovered to be in flames, and about four o'clock had to be battered down with cannon. The castle contained a church, with a vaulted burial-place for royal persons, a theater, 'halls of session for the holding of councils, a museum, with a library of 200,000 volumes, a cabinet of coins, a collection of pictures and prints, a cabinet of art, a collection of objects in natural history, a Chinese collection, and another of casts from antique statues.

A Child-Marriage and Its Consequences.—Last week, we chronicled the decease of Mrs. Case, of this village, "aged sixteen years, six months and ten days." Mrs. C., so early called from life to death, was married about three years ago, and has left three children to mourn a mother's loss—a sad commentary on the error of such early marriages. Let parents beware, and girls take warning.—*Wantoma (Wis.) Argus*.

MARRIED,—On July 11, 1860, at Morrison, Ill., by Rev. J. White, E. M. WINTERS, M. D., and Miss JENNIE WARE.

ECLECTIC MEDICAL JOURNAL.

VOL. XX.

FEBRUARY, 1861.

No. 2.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Cases in Private Practice.* By J. R. DUNCAN, M. D.

CASE 1.—July 19th, 1859.—Called to see Mrs. Coffman, aged 24 years, who had been “hooked” by a cow. I did not reach her until about seven hours after the accident. On examination, I found that the cow’s horn had struck and penetrated the right iliac region, passing through the peritoneum, rupturing it nearly one inch; then, in a semi-circular direction, to the left iliac region, leaving the peritoneum bare the entire length of the wound, $9\frac{1}{4}$ inches. There was also a fracture of the second rib of the right side, and also of the clavicle.

Condition of the patient on my arrival.—Hemorrhage from the wound, which had been profuse, had subsided; pulse, 90; extremities cold, and patient complaining of severe pains in the breast, back and abdomen. The greatest pains, however, I found to be labor-pains, as the patient was seven months advanced in pregnancy. Found, on examining per vaginum, the os uteri slightly dilated.

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I gave an anodyne, which checked the pain; then proceeded to dress the wound, which was done by taking two stitches in the peritoneum; then bringing the outside wound together, and holding it in its place by sutures three quarters of an inch apart, over which were applied strips of Adhesive Plaster. After attending to the other wounds, I applied cold water dressings to the breast and to the wound in the bowels. In about an hour after the dressings were completed, the patient slept well for thirty minutes. On waking, she complained of pain in the region of the bladder, and the pulse was somewhat accelerated. Gave Tinc. Gelseminum and Nitre; repeated in two hours, after which she urinated freely.

She then remained easy until 6 o'clock, A. M., at which time I left, ordering the application of cold water and the continuation of Nitre and Gelseminum, administered every three hours, with Sul. Morphia, to be given in one quarter-grain doses at each indication of returning labor-pains. Also, directed the patient to lie on her back, and keep as quiet as possible.

4 o'clock, P. M.—No further indication of labor; some pain in the region of the wound; extremities, warm; pulse, 90. Directed enemas of cold water per rectum and vaginum, and ice-water applied to the wound. Gave Oil and Turpentine, to move the bowels.

July 20th, 10 o'clock, A. M.—Patient, restless; pulse, 96; tongue, coated with a thick, yellow coating; had suffered considerable pain during the night; the nurse had given two portions of Morphia through the night, which had prevented the bowels from acting. Repeated the Oil and Turpentine; also, injections, and suspended the anodyne until the bowels were moved. Gave Nitre and Gelseminum, every five hours, and continued the application of ice-water to the wound, with the same to drink.

July 21st, 9 o'clock, A. M.—Found patient comfortable; bowels, thoroughly evacuated; urine, passed without difficulty; pulse, 89; wound in the chest, doing well, and wound in the abdomen, commenced healing by first intention; had suffered some pain last night, but the anodyne mostly produced quiet; bowels, cool; os uteri, in a normal condition, and the motions of the child, quite vigorous, which caused acute pain

at times. Continued the enemas and applications, and gave twenty drops of Turpentine, every five hours. Light dieting.

July 22d. — Patient, doing well; wound, healing. Continued treatment.

July 23d. — Patient, still improving; wound, healing well, except where the peritoneum was ruptured; suppurating there; cleansed the wound with Castile soap and water. Continued the same treatment.

July 25th. — Patient, improving, but quite weak; wound, doing well. Gave tonic (Quinine and Iron), and applied Beach's Black Salve to the wound.

July 27th. — Patient, still improving, but tongue slightly furred. Gave an alterative, in addition to the tonics.

July 28th. — Called, at night, to see the patient; has been chilled for three hours, much excited, and very nervous. Administered a tea of Composition and Nervine, which soon caused her to perspire freely; bladder, distended, with inability to void its contents; drew that with the catheter; bowels, rather inactive. Gave a cathartic of Comp. Powder of Jalap and Podophyllin, and after their action, I gave of Quinine and Diaphoretic Powders, each three grains, repeated every three hours, until six powders were taken.

July 29th. — Patient, improving. Gave as a tonic, Muriate Tinct. of Iron, three times per day, and a small pill of Assafoetida, occasionally, to quiet nervous excitement. She continues to improve rapidly.

August 1st. — She is able to ride in a wagon, to her father's house, about two miles distant. I visited her at that place the next day, and finding the wound nearly entirely healed, and the patient doing well constitutionally, I discontinued treatment, directing a nutritious diet, and the bowels to be kept regular.

Aug. 8th. — Called, in haste, to see patient, supposed to be in labor; child delivered upon my arrival; placenta still retained, which I removed without difficulty. The child lived only an hour or two, but the patient did well, and in a few days was convalescing, and able to walk about the house. I continued my visits for a few days, and then heard from her occasionally afterward.

Aug. 23d. — Saw patient's father and mother at a camp-

meeting, who informed me that she was getting along finely; but, judge of my surprise upon hearing of her death on the 26th! I immediately repaired to the place, and found the facts of the case to be as follows:—

While her parents were at camp-meeting, the patient and her husband, and a little daughter, being the only persons at home, she had laid down to rest while her husband was at the barn attending to some business, and the child playing about the door happened to make some noise, which caused the mother to think it had fallen in the well. The fright so far paralyzed her that she was unable to move until her husband came in, and learning the cause, at once showed her child, and informed her that it was safe, not having met with any accident. She then partially recovered, but remained very nervous until the morning of the 26th, when she was seized with vomiting and severe pain (supposed to be in the region of the womb), and in a few hours, probably not more than two, she expired. So my patient died, and was buried, not permitting me to have the advantage of a post mortem examination.

CASE 2.—Summoned, in haste, to see a boy, aged six years, (son of I. Steward), who had been, by his mother, shot by accident with a pistol, the ball taking effect about $1\frac{1}{2}$ inches above the right eye. On my arrival, I found the child, as I supposed, in the agonies of death. There were entire insensibility and spasmodic twitching of the nerves. I introduced a probe, following the direction of the ball, and found the probe, at the termination of the course, resting on the right parietal bone, near the junction of the parietal and occipital bone; therefore showing that the ball had passed nearly through the center of the right lobe of the cerebrum. I immediately called in all the physicians of the place, nine or ten in number.

In two hours after the child was shot, he lay more quietly than before, and he frequently spoke, calling for a drink of water. The extremities were cold; the pulse, very feeble and frequent. All agreed, that if reaction was produced, so as to justify an operation, we would trephine the skull and remove the ball. Dr. Wetheral and myself watched the child until about six or eight hours after the accident, when the pulse be-

came full and frequent, and we thought that if we operated, then was the time to do it. So, again, the physicians were summoned, and Dr. Wetheral performed the operation very skillfully; but on removing the bone, it was seen that the ball had glanced when it struck the parietal, taking a downward course, so that it could not be reached, and we concluded to let it rest until morning. The head was dressed, leaving the orifice open, and, during the night, the ball, with about half an ounce of brain, had passed out, the child having been kept on its back. He had withstood the operation well, and was perfectly sensible all the time, asking as often as twice or three times for us to stop and let him rest.

I have only to add, that the child was carefully watched, and everything was done that could be done, to alleviate his suffering. He ate and drank, and at times appeared perfectly conscious, until the fifth day—having in the meantime lost as much as four ounces of brain—when it died.

CASE 3.—August 16th, 1860.—Called, in haste, to see John Shilling, aged 19 years, whom the messenger said had his leg broken. On my arrival, I found the case not to be a fracture, but a compound dislocation of the ankle, or, rather, nearly a complete separation of the foot from the leg. The wound was produced by the accidental caving-in of a coal-bank.

The wound may be described by saying, that the leg was torn two thirds off at the ankle, on the outside. The wound extended from the instep around to the posterior part of the leg, all the muscles and ligaments of that side being severed. The tibia and fibula were thrown out about two inches, being entirely separated from the astragalus, which was somewhat lowered, having nothing to hold it to its place on that side. The foot was flexed on the inside of the leg.

Seeing the case thus, I thought amputation necessary, but not being prepared, and not being disposed to proceed alone, I dispatched a messenger for instruments, anæsthetics, and for Dr. T. D. Wright to assist me. When the above named doctor arrived, his opinion was the same as mine, in favor of amputation.

Treatment.—Chloroform was then administered by my student. We examined the wound, cleansed it, and found that

by making an incision two inches long, at right angles with the wound, we could bring the tibia, fibula and astragalus in position. The question then was: can we, in this hot weather, succeed in healing the wound? We determined to try it, thinking it would be better for the patient to have a stiff joint than none, even if we could succeed in securing such. We dressed the wound, holding it together with sutures and Adhesive Plaster, and applying the roller from the toes to the knee, leaving the external wound open, and directing the leg to be kept wet from the knee down with cold water.

Aug. 17th.—Patient, suffering considerable pain; some fever; leg, swollen; had not been kept sufficiently cool. The bandage was readjusted; splints and foot-board applied, to keep the foot straight. The leg was directed to be “showered” every half hour. Salts were given to move the bowels, and an anodyne was ordered, if the pain was severe.

Aug. 19th.—Patient, doing well. Continued the treatment.

Aug. 20th.—The roller caused such heat, that we thought best to remove it, and keep the foot in place by a brace fixed on the foot of the cot on which he lay.

Aug. 22d.—Patient, clear of fever; leg cool, and not much swollen; wound commenced healing. Same treatment continued.

Aug. 24th, 26th, 29th.—Patient, improving upon each visit. Continued the same treatment, relying on the cold-water dressings, and washes of Tinct. Myrrh.

Sept. 6th.—The wound is healed.

Sept. 12th.—Swelling and soreness, nearly subsided. Directed him to commence using the foot, which he does with great fear.

Oct. 1st.—Patient, able to use the foot some in walking.

Nov. 1st.—Patient, able to walk to town and back home, a distance of six miles, without crutch or cane, and, what is singular and better, he has very good use of his ankle, it being but little stiffened.

CASE 4.—Sept. 10th, 1860.—Summoned, in consultation with Dr. Matthews, to see J. Horseman, aged 11 years, who had been kicked by a horse.

The wound was inflicted above the right eye, the skull being

laid bare from three to four inches, and a fracture in it two inches in length, through which half an ounce of brain had oozed. The boy was in a semi-comatose condition, and his friends were weeping loudly and bitterly for him, who, to all appearance, was on the verge of the grave.

The doctor had awaited my arrival. We then examined the wound and found there were no loose bones, or pieces of bones, that needed to be removed, and that the fracture was sufficiently open to allow all disorganized matter to be passed. We dressed the wound with sutures and Adhesive Plaster; gave a physic of Compound Powder of Jalap; directed cold applications to the head, and Tinct. Gelseminum, to control fever and nervous excitement.

We left in eight hours, directing the treatment to be thoroughly carried out, and as it was twelve miles to the home of the patient, I did not see him again, but Dr. Matthews attended him, keeping up the treatment, and in few weeks discharged him, cured.

CASE 6.—Nov. 21st, 1860.—Summoned to the house of Mrs. Caldwell, aged 34 years, in labor. After I had been with the patient eight hours, she was delivered of three children—two girls and one boy—being all of one size, as near as could be, and weighing, altogether, 15 pounds and 4 ounces.

There was nothing uncommon in the parturition, as the labor was comparatively easy. Only about ten minutes elapsed between the births. Each came with a vertex presentation, and each placenta was separate and distinct. After the first two births, one placenta was delivered; the third child was then born; afterward the remaining placentas were removed, one at a time.

The patient is of a "nervous-bilious temperament," is below the medium size, is of a scrofulous diathesis, and is predisposed to tubercular disease. She had been delivered of twins three times previous to this.

The three babies are all living at the time of this writing; are growing finely, and bid fair to do well.

Knowville, Iowa.

ART. II.—*Diseases of the Heart.* By JOHN M. SOUDDER, M.D.

The heart, the center of the circulatory apparatus, and the source of motive power for the circulation of the blood, is subject to both *functional* and *structural*, or *organic* disease. It is only within the last century, that much attention has been directed to diseases of this viscus; and, although there is great difficulty in their investigation, yet our knowledge of many of them is pretty thorough.

With these, as with all other diseases, it is necessary in order to make a correct diagnosis, that the structure and relations, as well as the physiological action of the organ, should be perfectly understood,—we must know its healthy condition, before we undertake to detect pathological change either in function or structure. This knowledge may be obtained, in some degree, from books,—that is, from anatomical works, we learn the minutiae of its structure; from physiological works, its function,—but, he who depends altogether upon books to obtain a knowledge of either anatomy or physiology, will be but very poorly instructed. In order to become a good anatomist, it is necessary that personal dissections and examinations be made; so, in physiology, where possible, personal investigation is highly necessary. To illustrate this, it is only necessary to refer to the sounds produced by the heart's action—one of the most important means of diagnosing structural disease. A physician, depending upon books for his knowledge of the natural sounds, would be entirely incompetent to detect an unnatural or morbid sound. This practical knowledge of the workings of this most complicated mechanism—man—can only be obtained by close and long-continued study. The eye, the ear, the touch, as well as the other senses, must be educated, so as to determine what is a physiological condition, and the slightest variation from this. It is this careful education of the senses, in addition to a thorough medical education, that makes the good physician, and gives him an eminent position in the profession.

Of the Structure and Relations of the Heart.—We notice the structure of this viscus here, in order that we may fully understand the nature of the diseases to which it is subject:—

1. The heart is a muscular organ, and hence this tissue is subject to the same affections as other muscles—*a*, to inflammation; *b*, to hypertrophy; *c*, to atrophy; *d*, to degeneration; *e*, to rheumatism; and, *f*, to spasmodic action.

2. It is invested with a serous membrane,—*a*, liable to inflammation; *b*, adhesions; *c*, morbid growths; and, *d*, effusions within its cavity.

3. Within its cavity we find fibrous tissue, the chordæ tendinæ, the base of the valves, and the interior structure of the valves, liable, principally,—*a*, to alterations of structure, and, *b*, to fibroid growths.

4. It is lined by a membrane, resembling the serous membranes in many respects, which is liable,—*a*, to inflammation; *b*, to morbid growths and change of structure.

We find important nervous connections between it and other organs; 1st, with the entire sympathetic system of nerves, establishing a sympathetic relation between it and all parts of the body supplied by these nerves; we might specially note the stomach, digestive canal, chylopoietic viscera, the urino-genital organs, and lungs; 2d, with the spinal cord, through the fibers of communication between it and the sympathetic ganglia; 3d, with the medulla oblongata through the pneumogastric nerves, and hence with the brain and all parts to which this portion of the spinal cord sends nerves. It is also influenced by the condition of the blood, not only by that which is distributed to its own tissue, but also by the mass that passes through the cavities; and by the physical condition of the arteries and veins, especially by any obstruction to the passage of blood through them. From these considerations, it is not strange that the viscus should be diseased, but that disease of it should be so unfrequent.

FUNCTIONAL DISEASES OF THE HEART.

Functional diseases of the heart, may be divided into four classes:—

1. Enfeebled action;
2. Irregular action;
3. Excited action; and,
4. Neuralgic affections.

1. *Enfeebled Action of the Heart.*—The action of the heart

may be enfeebled by organic disease effecting a change in its structure, the feeble action being but a symptom. This, however, and the means of diagnosis, will be considered hereafter. We wish here only to consider it as it occurs without any lesion of this viscus. Two principal causes may give rise to this condition: 1st, an anæmic condition of the system, from whatever cause produced; and, 2d, from want of proper innervation. In the first instance, the cause is obvious, the diagnosis easy, and the indications of cure, plain.

Where want of proper innervation is supposed to be the cause, it becomes necessary to closely examine the patient, and ascertain, if possible, the lesion giving rise to this, and whether it is consequent upon debility of the cerebro-spinal, or sympathetic nervous systems. We sometimes observe cases of chronic disease, in which we can detect no lesion of digestion, assimilation, or excretion; and in which there is no apparent debility of the cerebro-spinal nervous system, but in which, although all the functions appear to be well performed, yet the patient is unable, from debility, to follow his usual avocation. These cases are probably rare, but yet occur sufficiently often to merit attention. My attention has been directed to the subject, from the occurrence of two such cases in my practice; a description of one of which may not prove uninteresting:—

Mr. G. T——, æt. 35, sanguine lymphathic temperament, stout, heavy-built, with every appearance of good health, was affected with chronic laryngitis through the spring of 1857. In June, he applied to me, and by the use of ordinary measures, the disease was nearly subdued in the course of a month. At this time, I noticed that the pulse was weak; that there appeared to be difficulty in the circulation of the blood, and a tendency to congestion in various parts of the body; although at the same time the patient was stout and fleshy, the muscular system well developed, and digestion and excretion normal. Through the months of August and September, he had frequent attacks of almost entire muscular prostration, lasting from fifteen minutes to one or two hours; the recovery from them being gradual. These almost invariably commenced with a feeling of fullness of the chest and pressure over the heart, the pulse being very feeble. These attacks so increased in frequency, and the consequent debility was so great, as to

entirely preclude him from following his trade. A close examination of the heart and lungs, showed conclusively to my mind, that the viscera of the thorax were in a healthy condition. There was no tenderness in any part of the spinal column, nor any symptoms of affection of the brain; the appetite was good; bowels, regular; and the secretions of the skin and kidneys, normal. In fact, after the most careful examinations of the case, by myself and others—watching it closely for months—I could detect no disease, to account for the symptoms, but the continued impaired action of the heart and weakness of the circulation, which undoubtedly arose from deficient innervation, the sympathetic nerves and ganglia supplying the heart being affected. This patient has nearly or quite recovered.

Several mild cases have come under my notice, in which other disease was aggravated from this cause. In a majority of them, probably, there was deficient innervation in all organs supplied from the sympathetic system of nerves.

Treatment.—Where debility or weakness of the heart's action depends upon anæmia, it will, in a majority of cases, be removed by the judicious use of tonics and iron, the indications being to restore the normal quantity and quality of the blood. When it depends upon loss of nervous energy, the indication is to restore this; and here we find our therapeutic resources exceedingly meager. It will probably be found, in a majority of cases, that the urine persistently contains a larger or smaller amount of the phosphates; which almost invariably occurs with a depressed state of the nervous system. From this fact, I was led to employ the phosphates in the two cases above named, as well as in analogous cases; and, so far, with the best results. I might premise, however, by stating, that it is indispensable to success, that if the stomach and bowels be disordered; if there is indigestion, or the different nutritive processes are impaired, the attention must first be directed to these. At the same time, it is highly necessary that we have a normal action of the kidneys and skin. Having accomplished this, we may resort to measures to restore the deficient nervous force. Prominent among agents to fulfill this indication, I may name the different preparations of the Phosphates. I prefer the Hypophosphite of Lime, though the Phosphate may be used

with advantage, or even finely powdered bone. These agents will have to be continued for a considerable length of time before much apparent advantage is gained: thus, in giving the Hypophosphite of Lime in five-grain doses, three times a day, in my worst case, it was some six weeks before I could perceive any improvement; yet after this, there was perceptible improvement each week. With the agent just named, I employed the Hydrochlorate of Ammonia in the same doses, the patient using a bath of the infusion of the Bark of *Quercus Alba*, with brisk friction, twice a day. The Extract of *Nux Vomica*, given in the usual doses, gave temporary relief, as did *Belladonna*. Tonics and Iron appeared, if anything, to increase the disease. Moderate and continued exercise—as much as the patients could bear, without inducing symptoms of exhaustion—was always beneficial; as was, also, pleasant and agreeable company.

2. *Irregular Action of the Heart*.—This, in a mild form, is quite a common affection, in persons of an irritable and debilitated habit. “The pulsations may be unequal in frequency and power, or they may be intermittent, reiterated, or fluttering. This state of action, although attending various dangerous diseases of the organ, may be entirely nervous, or connected with depressed organic nervous power, and enfeebled action of the stomach and bowels.” We observe it, sometimes, as a symptom of dyspepsia; especially where the disease has continued for a length of time in persons of a nervous habit. It is also a symptom in chronic inflammation of the lungs, where it has been of such extent as to prevent the free passage of the blood. It may also proceed from mental emotions, and from long-continued and severe mental labor; especially in cases where the mind is troubled, as from want of success in life, etc. Probably the most frequent cause, when it is severe, is long-continued disease of the organs of generation, especially sexual excesses and masturbation. The disease arising from these latter causes frequently assumes a serious form, attended with a sense of weight, of sinking, or oppression, or anxiety, at the præcordia; dizziness, vertigo, singing in the ears, dimness of vision, etc. In severe cases, the pulse will rarely be found normal, either in frequency or regularity; sometimes soft, fluent, easily compressed, but the pulsations extremely irregular; at

others, hard, sharp, quick, diicrotos, or intermittent. In a majority of these cases, there will be found—especially if it has arisen from sexual derangement—tenderness on pressure, over the first and second cervical vertebra; and also over the last two; and, frequently, the patients will complain of a heavy, dull, aching pain in the back part of the head, or, at least, of a sensation of weight and soreness.

Treatment.—It is very important, here, that a correct diagnosis be made,—that we do not treat this symptom of organic disease as a nervous affection. Having decided that it is nervous, the next point to determine is, what has been the cause of it. If it has arisen from irritation, a disordered state of the stomach and bowels—and this is generally easily determined—the removal of the primary disease will be succeeded by the cessation of this symptom. If from any cause retarding the flow of blood, and consequent overloading of the cavities of the heart, we remove the cause if possible, and this symptom will in all probability cease. If from severe mental labor, such measures should be adopted as will give rest to the over-worked organ, and restore the natural tone of the system. If from sexual excitement, this must be controlled; and if from masturbation, the cause must be arrested, or but little good can be accomplished. In all cases, it becomes necessary to adopt measures to restore the general health, as the exhibition of the bitter tonics and iron, the use of easily-digested and nutritious food, exercise in the open air, the daily bath—especially of some bitter infusion, as Cinchonia, Hydrastis, Cornuo Florida, etc., with brisk friction. It is also necessary that we pay especial attention to the secretions of the kidneys, bowels, and skin; for if we expect to restore the tone of the system, we must have a normal action of the excretory organs. In all cases, where there is tenderness on pressure over the cervical vertebra, or weight, pain, or soreness in the back part of the head, counter-irritation over the cervical region will be found of the greatest importance. I employ the “Irritating Plaster,” not as it is generally used, but by applying it for two, three, or four days, or until it commences to be painful; then removing for twelve or twenty-four hours; again supplying it; continuing it in this way, without producing suppuration. It may also be applied over the region of the heart, in the same way. As

internal remedies, in addition to tonics and iron, I know of none better than the *Brucia*, *Veratrum Viride*, and *Gelseminum*, as in the following formula:—

R.—Tinct. *Brucia*, f 3j.
Tinct. *Veratrum Viride*, f 3j.
Tinct. *Gelseminum*, f 3 ij.
Syrupus Simplex, f 3 iiv.

Dose, 3 ss., three, four, or five times a day.

When there is debility of the nervous system, the Hypophosphate of Lime may be used. The additional means recommended for palpitation of the heart, are also often appropriate.

Excited Action—Palpitation of the Heart.—This is defined by Mr. Copland, as “strong, frequent, or tumultuous action, with an increase of the impulse and natural sounds of the heart, so as to be sensible, and often distressing, to the patient, without appreciable lesion of the structure of the organ.” Palpitation is a frequent symptom of some of the serious organic affections of the heart, to be hereafter described; hence, the diagnosis must be carefully made.

Causes.—Many causes may give rise to temporary palpitation of the heart; but it is only those cases in which palpitation is severe, long-continued, recurring frequently, and attended by manifest diseases of the system, that we wish to consider. Three pathological conditions of the system may give rise to this disease: 1st, a change of the quantity or quality of the blood; 2d, irritability of the muscular fibers of the heart; and, 3d, irritation of some parts of the nervous system; the last condition being much the most frequent cause.

Symptoms.—Palpitation is frequently sudden in its occurrence, coming on after, or during, over-exertion; sometimes the slightest exercise will give rise to it, or after, or during, any mental emotion; sometimes it comes on slowly, increasing in intensity gradually. The action of the heart is strong; sometimes labored; the natural sounds frequently increased in intensity, sometimes so as to be audible without placing the ear to the chest. The impulse of the heart against the parietes of the thorax is always perceptible when the hand is placed upon the chest; in severe cases, it may be noticed by the eye, so that

the pulse may be counted without approaching the bedside. The patient generally complains of a sense of weight at the præcordia; sometimes, pain, with difficult respiration, or sensation of smothering. Sometimes, when the action is excessive, it is irregular, tumultuous, and attended by distressing anxiety; sense of sinking, or anguish, at the præcordia; and by extreme restlessness, and a feeling of impending dissolution. The paroxysms may be of short duration, from a few minutes to one or two hours; or, they may continue for twelve, twenty-four, or even forty-eight hours. They mostly recur at irregular intervals, though sometimes they are periodic, occurring at regular periods.

Diagnosis.—In general, it is quite easy to determine whether or not, the palpitation depends upon organic disease of the heart, if the patient be examined when the paroxysm is off. In organic disease, when palpitation is induced, the extended dullness on percussion, the morbid or adventitious sounds, the more or less constant dyspnœa, nervous congestion, bloated countenance, dropsical effusions, etc., will determine the case.

Treatment.—If produced by alteration in the quantity or quality of the blood, our measures should be directed to the attainment of a normal condition of the fluid. In nearly all cases, we find deficient action of the excretory organs, and consequent retention of excrementitious materials. By the use of the alkaline bath, or cold bath, if the skin is harsh; or a bath of an infusion of the bitter tonics and astringents, if it is relaxed or flabby, we obtain normal excretory action. The diuretic salts, in small doses, will increase the excretion of the kidneys. The bowels should be kept in a soluble condition with mild laxatives. Then, the stomach being in a normal condition, by the use of bitter tonics and iron, nutritious food, and moderate exercise in the open air, we increase the quantity and quality of the blood.

For the temporary relief of the patient during the paroxysm, Tinct. Gelseminum in 3 j. doses; or, what is better, the Concentrated Tinct. of Lobelia, in the same doses, is almost always sufficient.

In those cases where the disease is undoubtedly owing to increased irritability of the muscular fiber of the heart, or irritation of the nerves supplying it, we use means to remove these

conditions. First, if this irritability has been produced by sexual excesses, or masturbation, we direct treatment for the relief of this excitation of the organs of generation. In such cases, and also in many others, we will find tenderness on pressure at the base of the brain and over the cervical vertebra. Here the Irritating Plaster, continued until the tenderness is entirely removed, is one of our most efficient measures. The use of small doses of Gelseminum, Aconite, especially Lobelia, infusion Scutellaria, and Veratrum, is especially serviceable. The Irritating Plaster, applied over the region of the heart, will also, in many cases, afford great relief. Hypophosphoric Acid, with small quantities of Sulphur, prove very efficient, when there is accompanying irregularity of pulse.

(*To be continued.*)

ART. III.—*To the Eclectic Medical Profession.*

Messrs. EDITORS:—For good and sufficient reasons, I respectfully solicit the privilege of making some few statements in your Journal, relating to the late difficulties of the Eclectic Medical College of Pennsylvania. This proposition seems necessary on behalf of the Institution, its various friends, and numerous alumni, now found in most of the States of our Union.

In the year 1855, Prof. WM. PAINE was admitted into the above Institution as Demonstrator of Anatomy; and in the following year, was elected to the Chair of Theory and Practice, where he remained until near the close of the last session, 1860.

About the first of January, 1860, a vacancy occurred in the Chair of Surgery, which was filled by the election of Prof. J. McCLINTOCK. But a short time after, he invited the public to attend his regular lectures before the class, and hear him on the treatment of *Venereal Diseases*; and this invitation he advertised in the daily papers of Philadelphia. The other members of the Faculty (except Prof. Paine), considered Prof. McClintock's course both disgraceful and injurious to the Institution. He was requested to stop such advertisements; which

he refused to do, when the subject was brought before the Board of Trustees; and, again, Prof. Paine was the only one to advocate this outrage, for Prof. McClintock had no voice either in the business of the Faculty or the Board of Trustees, and he was compelled to stop his advertisements.

The next cause of difficulty arose in an effort made by Professors Paine and McClintock, to move the School from its present location, corner of Fifth and Callowhill streets; and in this, they failed. Seeing, therefore, that they could not control the Institution, by subverting it to their own selfish purposes, they set themselves to work to produce a rupture in the School. They commenced this work, by attempting to organize an opposition school, under a charter obtained, I believe, in 1853. This charter was in the possession of Prof. Wm. F. Smith, which, he declares, is still in his hands; and he says, further, that they are now working without proper authority.

Professors Paine and McClintock secretly made their arrangements so as to leave our School—the Eclectic Medical College of Pennsylvania—at the *close* of the *lectures*, which they did, and *before* the day set apart for graduating the class. About this time, we elected a Dean in place of Prof. Paine, and he delayed several days before giving up our books and papers; and, further, he refused to deliver to our Faculty the fees for graduation, which had been paid into his hands. They obtained a building, and organized an opposition faculty, by appointing three colleagues; delivered some three or four lectures, and on the 18th of February, about five days after they withdrew from the College, graduated those of our class, except one, who had paid their diploma fees to Prof. Paine, with some others who had attended but few lectures anywhere.

Now, we have offered a very condensed statement of the difficulties in our School, without giving many particulars which would injure the character of even wicked men. Without any regular lectures, they assumed the authority of a medical charter, which provides that regular courses of lectures shall be delivered before granting degrees.

But, supposing these two gentlemen really felt it their duty to form a new school, is it not plain to every man in the profession, that they were bound, in honor, to remain and complete their obligations by aiding to graduate the class, and

granting the legal degrees of our School, instead of deceiving the students, by giving them a miserable piece of paper, entirely illegal and worthless? We say, *illegal* and *worthless*, because, not one week elapsed from the time Professors Paine and McClintock left our School until they granted degrees under the cover of a charter that had been lying dead for six years, and signed to these diplomas are the names of men who *never*, then, had delivered lectures in any college.

The name of this charter, which Professors Paine and McClintock have obtained partial possession of, is entitled, "The American Medical College of Pennsylvania;" to which they have caused to be added and published, "The Eclectic Medical College of Philadelphia." The *first* and original title, they seldom notice; but adopt the last, with the apparent view to make the profession believe they are working under the old Eclectic charter. This apparent trick is revolting to every honorable man, and is one which none but the most unscrupulous would resort to.

But we have another page of perfidy to add to Prof. Paine's attempt to break down our Institution. Here it is! Look at it, gentlemen of the Eclectic profession!!

After he (Prof. Paine) had left our School, the Board elected W. C. DAVIDSON, of Delaware, to fill the Chair of Practice. Prof. Davidson commenced with his lectures, at the appointed time, Oct. 18th, and continued with us until the 29th; when he invited our students to meet him at his room, where, with all the art and deception at his command, he sought to take them with him over to Prof. Paine's school. Before this—as it now appears by his own confession—he had already permitted several students to leave us, which he might have retained. Failing to make any favorable impression on the above interview, he, with Prof. Paine, called upon several of them, the same evening, at their rooms. They both failed in this part of the plot, and, near the hour of twelve, they sneaked away to their homes. The *Devil* led the way, and *Judas* followed.

Two or three days before this, Prof. Paine called upon another of our Professors, and, as an inducement to leave us, offered him the Chair of Obstetrics. Here, the Devil on the mount offered his extensive possessions in exchange for treachery; but this failed, for we had but one Judas amongst us.

Now, we are satisfied that, for two weeks, Prof. Davidson was playing the part of a hypocrite—a two-faced *Janus*,—all the while offering to his colleagues the hand of friendship, with his voice and smiles of confidence, while steadily planning for our overthrow. No man could well act the part of Judas better; a trait, when exhibited in the human character, that is loathsome and disgusting to every honorable man.

Prof. Davidson is a man lost in usefulness to the profession, and the only possible extenuation that can be advanced for his treachery is, that he is young in years. Unfortunately, he has been slimed over by an adroit trickster, who has done the like many times before, and who will, on the first suitable occasion, throw him out, not upon dry land, but, in mire and slough, from which he will never rise.

The Chair of Theory and Practice, in our School, is now filled by Prof. JOHN FONDY, M. D., who ably held this position in our College, in the sessions of 1853-'4-'5.

H. HOLLEMBACK, M. D.,
Prof. Mat. Med., Eclectic Med. Col., Pa.
N. E. cor. Sixth and Callowhill sts.

Philadelphia, Dec. 10, 1860.

PART SECOND.

SELECTIONS.

Hygiene of the Sewing Machine. (Read before the Academy of Medicine, Nov. 21, 1860.) By A. K. GARDNER, M. D., Professor of Clinical Midwifery and Diseases of Females, in the New York Medical College.

Originators of useful inventions are benefactors of mankind; yet the debt of gratitude which the world owes to every individual inventor, depends not entirely upon the result obtained by adding to the beauty, rapidity, or cheapness which may be given to any species of human industry. The deterioration to *health* and consequent shortness of life which may accompany

the *carrying out* of the process of the manufacture are also to be taken into account. A recent writer in the *Edinburgh Review* has, in a very interesting manner, considered this question, in giving statistics respecting some of the various occupations of life. Every calling may be found to have an average mortality for those engaged in it—the gentleman of cultivated ease and the idler of no ease at all, who works to kill time, alike having their average length of life. The industrial man is really indebted to him who has by his genius enabled him to attain to an agreeable æsthetic, and far more, to an absolutely necessary result, with a diminution of time and cost; but enlightened humanity owes a boon of gratitude to him who accomplishes this end with a less cost of health and life. Man perhaps feels thankful to the artisan who found out that the beautiful Brussels lace may alone be manufactured in underground, dark, and damp rooms, when the bright light of day and the sun-dried air would contract and twist and break those slender filaments of flax which form the gossamer substance of this frail ornament for the frailer creatures of clay; but the great heart of humanity should shout a pæan of praise to the man who at some future time, failing to effect the entire disuse of this material for ornamentation, may invent some plan whereby it can be made without the great sacrifice of the eyes—as a constant life in almost utter darkness can alone enable the weavers to attain to the delicacy of vision which will allow the perception of the slender meshes which they are to fashion into fairy-like meshes, and spider-net figures.

The lives that have been saved by the use of Humphrey Davy's Safety Lamp can not be told, but he who will invent some way of adding to the life of the artisans in steel, will do infinitely more good, for we find that the span of life in Sheffield of the grinders of necessary cutlery is as follows:—

Dry grinders of forks,	- - - - -	29 years,
“ “ razors,	- - - - -	31 “
“ “ scissors,	- - - - -	32 “
“ “ edge tools and shears,	- - - - -	32 “
“ “ spring knives,	- - - - -	34 “
“ “ table knives,	- - - - -	35 “
“ “ saws,	- - - - -	38 “
“ “ sickles,	- - - - -	38 “

Look, too, at the makers of phosphorus matches, and see the diseases in the jaw-bones ensuing therefrom; the makers of arsenical wall-papers, the workers in lead, as the painter, plumber, card-maker, *et id genus omne*.

We could with interest collect the statistics of the mortality of every calling in life, and show how each has its benefits and drawbacks. We would, however, prefer to turn to the various plans for the relief of these attendant evils, and show how ventillation lengthens life, that exercise strengthens the body, and that both not only expand the mind, but by cultivating good digestion and a healthy body, prevent fretfulness, peevishness, irritability, and consequent sin. Sin is the consequence of bad health, first caused by the intestinal irritation of a green apple, and now kept up by foul air, foul food, and fouler drinks.

Pleasant as such themes might be, we must turn at present to another branch of the subject, and from the general come to the particular, and show statistically how the health of the entire womankind has been benefited and is to be benefited by one recent invention. This I undertake from a deep feeling of interest in this great hygienic improvement, because I have carefully and assiduously studied the facts of the case for several years; and, finally, because I am fully convinced that much error is current respecting this subject, not only among the community, but also among the medical faculty, who ought to know better, and who ought not to carelessly express crude opinions when they have abundant opportunity to form enlightened judgments.

The object of this paper, then, is to examine the invention of the *Sewing Machine in a hygienic point of view*, and to bring before this learned and deliberative body the simple facts as I have found them. I claim that the sewing machine is the great boon of the nineteenth century to the women of Christendom and of the world—that it has *manumitted the white slave*.

The opinions here given are founded by many years' study of the working of machines of all patterns, among which may be enumerated those of Wheeler & Wilson, Grover & Baker, Finkle & Lyon, Singer, Connor, and many others. I shall narrate them in their simplicity, leaving all oratory

respecting the improved condition of women, mothers, and shirt-makers; all questions of political economy as to the result effected upon the community by the general use of the sewing machine; questions of morality adduced by some; all matters extraneous to the simple question of healthfulness, to other times, places, and persons, and give only facts in this simple direction:—

The world requires for a necessity a certain amount of sewing. The sewing machine does the work of twelve persons—therefore, either but a twelfth of the persons employed is necessary, or the work is done in a twelfth of the time. Supposing this work is done under the same circumstances of foul air and by the midnight lamp, the amaurotic eyes and the consumptive's hectic cheek are diminished to one twelfth. If by the diminished quantity of work, "night-work" is dispensed with, the "eyelids weary and worn" are vastly diminished in number.

But here comes the argument which this paper is especially intended to meet; for it is alleged by some in objecting to sewing machines, first, that "sewing machine work is inferior in looks, strength, and consequent durability of wear to hand work," (which statement, with a simple but a very forcible denial, I pass by for more legitimate themes), and, secondly, that "the working of the machine not only aggravates but originates disease." This latter objection, like those once urged, that the thread was worn out by the needle in passing through the cloth, needs only to be looked at to be disproved. Time has shown that the thread does not pass through the cloth with anything like the frequency that it does in hand sewing, and ten years have shown that the health of the operators on machines of all varieties is in no respect injured by the working upon them.

I was one day making inquiries of a person who made fancy articles for sale, having had some six machines at work for many years, if she considered them healthy. The reply was, "Perfectly so; our girls are never sick; some have worked upon them for a year without losing a day." At that moment a lady came in, and bought a fancy garment, and on being urged to buy a half dozen, replied: "Oh, no, I have

bought this one for a pattern; I have a Wheeler & Wilson at home myself, and shall easily run off 'a set.'" "But," says the seller, "it will never do for *you* to work a machine; it will injure your health." This is the kind and value of the opinions adverse to the sewing machine on the score of health.

The principal diseases said to be caused by the sewing machine are the so-called "female diseases" and spinal complaints. I have had some practice in these diseases, and may be allowed, as a matter of personal experience, to state, that I have never seen a single patient who gained her living by working a sewing machine, who was affected with leucorrhœa, "falling of the womb," "ulcerations of the womb," or spinal difficulty—who ever had an abortion while using it, or who in any way could trace any injury from it. Neither have I had any patients in private practice with any disease at all attributable to it. I have had many patients who have made up their family and children's clothing for the season, and their "baby linen," just before their lying-in, with no injurious effects.

I am aware that the jar of the machine and the "up and down" vibratory motion are stated to produce abortions, but this seems to me to be a most erroneous opinion, inasmuch as the "jar" of the machine, if there is any, falls not upon the feet or lower extremities, in which it is not felt in the slightest degree, but entirely upon the arms of the operator resting upon the table; and from this undeniable reason, the alleged analogy between the hypothetical statement, that "the vitality of hen's eggs carried in cars and subject to their vibratory and oscillatory movement, is so destroyed that not one in a score will hatch," does not hold good, even if it can be proved that the human ovum in a healthy uterus is killed by this trembling movement, as is claimed by some. Upon this point, I have also a word to say in a proper place. Overwork, and by one unaccustomed or disused to the sewing machine, may, very probably, in some cases produce abortion; and so will a long walk in the Central Park, a day's shopping, excessive laughing, even the eating of a bunch of grapes. Yet shall these be denied the parturient woman? Shall we take the exception for the rule?

With the view of learning the facts that actually exist, I have made as careful inquiries as I knew how, of those running large numbers of machines for manufacturing purposes, of the girls actually, and for many years, working upon them, for their own experience and observation of those working by their side in the same factories, of physicians whose peculiar practice would lead them to note any general amount of disease among this class of girls, and now offer the result, and many of the details, of the inquiry:—

Douglas & Sherwood, extensive manufacturers of skirts, for several years ran some two hundred and fifty of Wheeler & Wilson's machines constantly, and were, till a change in their business made less machine work necessary, in the daily use of more machines than any one else in the United States, and probably in the world. Mr. Sherwood, under whose daily supervision was this portion of the work, said to me, "That he had yet to see the first injurious effect from working a machine. Many girls who had come into his employ pale and weak, complaining of pain in the back, and at first unable to do a day's work, speedily became able to work their full nine hours, and became free from pain, robust, and healthy. He has never seen but one girl (who has a curvature in the spine between the shoulders) who was unable to use the machine. Many with spinal affections and curvatures, work full time without any bad results. The girls are rarely away from work from ill health. The girls, when they first come, after a day's work, are obliged to ride home from fatigue; but they soon walk home. Now, he finds that those who *sit sewing* in the old-fashioned way, are so tired by night that almost all of them ride home; but the machine workers and those on their feet all day, walking around the hoop-frame, bending in every posture, now almost invariably walk to and from their homes, several miles distant. His own sister, who was fearful to try the machine, on account of a "weak back," has been enabled to use it ten and twelve hours a day, not only without injury, but even with positive benefit, as her health has materially improved, since commencing it."

One lady in a private family stated that she had found an attack of neuralgia, to which she was very susceptible, to

always ensue from the withdrawal of the animal heat through the iron foot-plate, whenever she wore thin slippers; but on covering the plate with a thick bit of carpeting, such a result was never afterward noted.

I have never heard of an instance of muscular rheumatism, or cramps—affections most probable to be produced by such unusual exercise—arising from the use of any machine.

From a visit to the factory of *Payan & Carhart*, where fifty Wheeler & Wilson's, and fifty Singer's machines are in daily operation in the manufacture of clothing, I found that the heavy Singer's machines were worked by compressed air—that so much muscular force was required to carry the machine on at a *paying speed*, that pushing the needle through heavy beaver cloth and buckram, was too much for the muscular power of the girls; but with machinery they were enabled to run them as fast as might be desired. The working of these heavy machines with the foot did not, however, produce any disease. Exhaustion from overwork in this, as in every other overwork, was necessarily felt. The unanimous testimony was, that the machine had wrought a benefit upon the laborer. In particular, it had enabled work to be so systematized as to make the employment of a large number of operatives, in large and well aerated and salubrious rooms, not only mutually profitable, but the workman could, from the system enabled to be introduced, make more wages in the factory than at home; thus the day was not, as heretofore, spent in a small apartment, containing bed, cooking-stove, children, work-bench, etc., but after a healthy morning's walk in a pure atmosphere and amid cheerful companions, again to be refreshed by the walk home after the labors of the day were finished. It was the opinion of those who worked for years on the board as journeymen tailors, and several years at the machine, that the latter was far better for health and spirits; that the mind was sharpened by the stimulus of the machinery, and that the machine worker was intellectually brighter than the mere sewer.

Seligman & Co. employ ninety-four of Singer's machines in making clothing. Some of the girls who had worked these heavy machines on thick beaver cloth and other heavy clothing

for some years, had found, as a general thing, that the girls in the shop were as healthy as ordinary. True, when working on heavy goods for ten hours, they did feel fatigued, but they never suffered from any special diseases; never had heard of any spinal difficulties, neuralgia, amenorrhœa, or leucorrhœas. That there were seldom more than two or three of their number absent during a day, out of their whole number, for any and all causes. This was the unanimous testimony of many of those working the machines, in answer to my special and direct inquiries.

Davies & Co., extensive shirt and clothing manufacturers, work between three and four hundred Wheeler & Wilson's machines, and never heard from any of their employees the least suspicion of the working of machines being other than perfectly healthy employment. At their immenso factory in New Haven (visited by the members of the American Medical Association, last spring, by invitation), where nearly four hundred Wheeler & Wilson's machines are used, the same result is found upon the health of the workers.

Finding, therefore, no proof that physical disease originates, or is aggravated even, by the use of the sewing machine, I am forced to believe that in the moderate use of the muscles of the lower extremities, the analogy holds good in this as in any other form of labor; that use strengthens the organs; that while the use of half of the body is not so beneficial for health, or for an equal development of the entire body, as if the sewing machine exercised the whole frame; that it is far better than no exercise at all, as is the lot of the confined hand-sewers.

Again: It has been reported that the assiduous working of the sewing machine, where the work was fine, and great care was requisite for regularity and evenness, injured the organs of vision in some undescribed manner. Not trusting to my own narrow experience, or the reports of the various operators or employees, as I could gain access to the various eye infirmaries, I accordingly addressed similar letters to most of the eminent practitioners in the United States, where machines are usually employed. My inquiries were: Whether amaurosis was caused by sewing machine work, and if so, was it as frequently thus caused as by hand-sewing? Whether, when

existing, it was aggravated by the use of the sewing machines? Was acute or chronic inflammation of the lids or globe known to be caused by lint springing from sewing machines? Was the sewing machine an injury or a benefit to vision, and particularly when the amount of work done by them is considered?

Two letters will answer as a type of the replies I received:—

Massachusetts Charitable Eye and Ear Infirmary,
Boston, May 31, 1860.

DEAR SIR:—As one of the Surgeons of the Infirmary I can answer your inquiries in a few words.

1. I have seen no injurious effects on the lids or globe of the eye from the lint of sewing machines.

2. I occasionally see cases of what is called marked sensibility of the retina, either produced or aggravated by their use.

3. I think the use of sewing machines, on similar work for a similar period, a decidedly less exposure for the eye than the common use of the needle.

Yours, very truly,

DR. A. K. GARDNER.

GEORGE A. BETHUNE.

A. K. GARDNER, M. D.

DEAR SIR:—It would afford me great pleasure to communicate to you facts and statistics relative to the hygienic effects of the sewing machine on the eyes, did I possess any of value on the subject. Very few of my patients work themselves the machine, and I have rarely heard any complaints of its ill effects.

Yours, respectfully,

ISAAC HAYS.

PHILADELPHIA, June 3, 1860.

Considering the immense number of machines now in use, it would seem impossible for the eye to be seriously affected by them, without the oculists of the United States having noted it in numerous instances; yet the opinions expressed by gentlemen of large experience are corroborated by many others, verbally made to me; among them, Drs. Wilkes, J. H. Clark,

Ceccarini, and Stephenson, men of reliability and very extensive experience in this city, and Dr. Clark being the only oculist of eminence in the great manufacturing city of Newark, where the machines are very numerous, and engaged in every kind of work, from shirts, clothing, and shoe-binding, up to leather, harness, and saddlers' work. Dr. Clark has also made special inquiries at the various factories, and reports that he can trace no disease of any description to the use of the sewing machine. Dr. Stephenson, who has the charge of the Ophthalmic hospital, having a large number of patients among the classes engaged in laborious occupations, and also an extended private practice, says to me, that he has never seen the first case of injury to vision traceable to the sewing machine.

The conclusion that I have come to, after six months' deliberate investigation of this subject is, that the *sewing machine is a blessing to mankind, and especially to the female, and that without an appreciable drawback.*

We have thus considered the sewing machine as a healthy substitute for the degrading, exhausting, debilitating—may we not say demoralizing—needle, with its everlasting “stitch, stitch, stitch,” and its accompaniments of poverty, misery, and vice. We might here leave it to the consideration of those in whose charge is the prevention of pauperism, the reformation of the Magdalen, the support of the widow, and the care of the orphan, and ask their attention to it as a *reforming agent*. This, we hear, has already been done in some places; and some States—among them Massachusetts, ever foremost in works of education and philanthropy—have, by legislative enactment, exempted the sewing machine from attachment and sale for debt. We ourselves have to look at it in one additional aspect, viz., as a prophylactic, as a preventive of disease, as an agent antagonistic to the tendency of the times, the sedentary, inactive, enervated, unmuscular habits of the women of the world.

We need not recall to mind the law of animal tissue, that it is developed by use. Physiologists tell us that the brain increases by use, and that it is exercise alone which makes the distinction in its size in families and races. The lungs of the runner, the player on wind instruments, etc., are thus

developed. The womb and breasts of the woman of any age who has had children, are larger than those organs of another of corresponding age who has been childless. The development of the blacksmith's arms is too well known to be mentioned.

What is denominated "tone" and "tonicity" by modern writers—phrases equivalent to vigor—is the normal condition of organs strengthened and developed by normal exercise. Action is invigorating—inaction, enfeebling. This fact is too much neglected by the physician, and in consequence, upon this platform of a partially applicable truth, we have an "*ism*" founded—the "movement cure." We may, perhaps beneficially, examine and appropriate the truth it possesses in respect to the subject of our investigation.

A body in vigorous health is less liable to be seized with, or prostrated by, disease, than a body in an atonic condition. If this is true of the whole frame, it is true of a portion of it, or of a single organ. The sewing machine overworks, that is, wearies and fatigues, the learner, who exerts a muscular force, and for a too prolonged period, sufficient to drive half a dozen machines. The same instrument is but a healthy stimulant to the muscles of the lower extremities, of those accustomed to its use, developing and strengthening them. But the benefit and increased volume of the muscles actually employed is extended to the adjacent parts of the frame, and the muscles which belong to the pelvis, the back, and which support the abdominal walls, are called upon to aid in the work by steadying the frame, and firmly holding the parts to which the muscles of the lower extremity are attached. The development of these muscles affects all the adjacent organs. The circulations are carried on more regularly, the absorbents are brought to work more energetically, and there is a tonicity very perceptible throughout the abdominal parietes, which is a result of the employment of the neighboring organs. In the female we have as a direct result, a "tone" in the generative apparatus before unknown, and a direct result of normal activity. The flaccidity of the vaginal walls is supplanted by contractility; the relaxed ligaments of the uterus become tense; the perineal muscles are

developed ; prolapsus uteri is impossible ; leucorrhœas are absent, because dependent upon debility, malposition, and displacements ; the secretions are normal, because the parts are in a normal condition. Now this is not theoretical, or at least is only the theory for the explanation of absolute facts which have come under the observation of myself, or of those who were well capable to judge, and who have communicated them to me. They may perhaps be called "coincidences," but the pustules upon the skin are also coincidences which, with others, make up what we denominate small-pox ; and the coincidences which I shall proceed to relate may be found to be as marked and persistent as the variola cicatrices.

A case has been reported to me by a member of the Academy, of aggravated uterine disease, accompanied by prolapsus and leucorrhœa, which was of many years' standing, and which had resisted all treatment, including pessaries and other local applications, which was cured entirely and solely by the result of systematic and vigorous muscular exercise, united with healthy diet and stimulating mountain air. Such cases are not infrequent. Passive motion in a part produces a circulation of the stagnated blood, in its enlarged, congested vessels, and in their diseased condition is perhaps all the stimulus that they can bear. Active exercise or motion is only compatible with a comparatively healthy condition of these organs.

We will not seek to develop this view, but be content with its simple suggestion. But while the trundle-hoop, dumbbells, and gymnastics generally, which have no result other than increased vigor of body, are recommended as prophylactics and invigorators, either partial or general, the exercise required in working a sewing machine should not be disregarded, especially as in addition to increased health, the pecuniary returns are worthy of consideration.

American Medical Times.

Diagnosis of Carcinoma Uteri. By Dr. J. Y. SIMPSON.

As to the differential *diagnosis* of carcinoma uteri, I have little to say regarding it at present; for you have not yet had an opportunity of being made acquainted with the other diseases with which it is liable to be confounded. But there is one observation which I should wish to urge upon this point; it is this: that you are not entitled to diagnose the existence of cancer in the womb from any degree or kind of pain, bleeding, and offensive discharge, from which the patient may be suffering, not even when these are combined with the pale cachectic look which is usually pathognomonic of the disease. All these local and constitutional symptoms may be present in other uterine diseases beside cancer; and, in some latent cases of cancer, they may be found absent. You can detect it with perfect certainty only by physical diagnosis. You must take a vaginal examination with the finger—for the speculum is here of little service,—and only when the sense of touch has assured you of the condition of the cervix uteri, and not till then, can you honestly and conscientiously pronounce upon the nature of the case.

One morbid condition of the cervix uteri with which cancer of the organ may be, and often is confounded, is that which results from chronic inflammation in it. This causes enlargement of the cervix and expansion of the os, attended with great induration; and when ulceration sets in, and pain and menorrhagia are developed, the case may very readily be mistaken for a case of cancer in its first stage. But here you have always the distinguishing characteristic to which I have already alluded, that in chronic inflammatory induration of the cervix the deposit is confined to the organ itself, which remains loose and mobile; whereas, in the case of cancer, the surrounding tissues usually become early involved in the disease, and being infiltrated with the morbid deposit, make the cervix uteri feel firm and fixed. And when ulceration has set in, you will find that the ulcer which results from inflammatory change—though it may look very irregular, rough and ugly—is always on a level with the unbroken surface, or even projects above it, whereas the cancerous ulcer is always depressed,

excavating, as it were, and eating out the part in which it has its seat. One often sees mistakes made with regard to the diagnosis of the cancer of the uterus, which are almost inconceivable, and which you may, in almost every case, avoid if you will just keep your wits about you when making an examination, and use a little common sense—a most invaluable and indispensable aid in all kinds of diagnosis. When you feel a rough, irregular, excavated or anfractuous ulcer seated on a hardened base, and surrounded by hardened tissue in any other part of the body, as the exterior of the chest, face, or extremities, you set it down at once as cancer; and when the finger applied to the os uteri recognizes the same condition, you need not doubt that here, too, you have to deal with the same disease. Cancer of the uterus used often formerly to be confounded with simple polypus uteri; and Dupuytren and other Parisian surgeons have recorded instances of patients being sent to them from the country, who had been told by their own doctors that they must inevitably die of their complaint, and who were completely cured by the simple operation of the removal of the polypus, and were thus recovered, as it were, from the very brink of the grave. I have seen the same mistake frequently committed in our own times, and yet it is a mistake which care will always enable you to avoid.—*Med. Times and Gazette.*

Silver Suture.—Chlorate of Potash in Phthisis.—Varicose Veins.

SIR:—I desire, in the informal manner of a letter, to give my experience in this Institution in the employment of certain remedies, in regard to the utility of which the profession is not settled.

1. *Silver Suture.*—In the use of the silver suture—for the introduction of which we are indebted to our talented and accomplished friend, Dr. Sims—I have had considerable experience. For three years past, I have used nothing else in operations of every kind where sutures have been required. In all amputations, from that of the thigh to the fingers, I have almost invariably employed the silver suture alone. Its advantages are manifold and palpable; indeed, I can heartily

subscribe to all that an enthuſiaſtic friend has ſaid of them, ſo far as my experience will warrant me in ſaying anything at all. My cuſtom is, in large amputations, to put in ſo many of them as perfectly to coaptate the flaps, and to leave them in as long as they ſubſerve any uſeful purpoſe. They may be allowed to remain for an indefinite period without the riſk of exciting undue inflammation, or even irritation. I have often left them in until after the ſtump had healed entirely, without occaſioning inconvenience of any kind. They always hold the parts in more perfect appoſition than ſilk can do, for the reaſon that they do not appear to cauſe any ſuppuration at all.

2. *Chlorate of Potash in Phthisis.*—My experiments in the uſe of the chlorate of potaſh in phthiſis, as employed by Dr. Fountain, of Iowa, have not yet been of ſufficient duration to warrant me in ſpeaking of it with very great confidence; but I am encouraged to perſevere in the uſe of it more and more daily. One patient, in the advanced ſtage of the diſeaſe in queſtion, has been uſing it in $\frac{1}{2}$ oz. doſes, daily, for eight days. Before commencing this treatment, his breathing was difficult, and hurried, upon the ſlighteſt exertion; his lips were livid, and extremities cold. He was able to get but little ſleep, owing to an almoſt conſtant cough; and his appetite, never good, was ſometimes ſo poor that he could take no nourishment at all for an entire day. His general appearance now ſtrongly confirms the teſtimony which he gives, that he ſleeps nearly all night undiſturbed. The pain and conſtriction of the cheſt are much relieved, and expectoration, formerly quite profuſe, has ceaſed almoſt entirely. His condition, in every reſpect, is materially improved. Two other patients, alſo in advanced phthiſis, have been uſing the article but three or four days. One of them ſpeaks confidently of decided improvement, and ſays that he breathes freer, and ſleeps and eats better. None of them complain, as yet, of any inconvenience whatever from the uſe of it. I hope to be able to teſt the efficacy of this article in the incipient ſtage of the terrible ſcourge in queſtion, which ſwells our mortality liſt to nearly one half, and everywhere is proverbially deſtructive among the men of the ſea.

3. *Persulphate of Iron in the Treatment of Varicose Veins*—The following caſe may not be uninteresting, as it bears teſ

timony to the excellence of an operation for the obliteration of varicose veins of the lower extremities, which was performed by my friend and colaborer, the late Dr. Isaacs, of Brooklyn. The subject of this operation is a sailor, forty-five years of age, of rather impaired constitution, who had followed the sea for thirty-four years. He came under our care for the treatment of a very unhealthy-looking ulcer, of long standing, upon the lower third of the tibial side of the left leg. All the superficial veins of the leg were very much enlarged and tortuous, especially in the popliteal region; one very prominent coil lying over the outer ham-string tendons, was of enormous caliber. Placing a tourniquet upon this above, and making pressure below so as to isolate about two inches of the vein, I threw into it eight drops of the persulphuret of iron, diluted with as much water. (Squibb.) The instrument used was the syringe commonly employed for injecting morphia into the cellular tissue. After a few minutes, the pressure was removed, and a hard plug remained; the blood coagulated almost instantly. The inflammation which followed was not immoderate. Cooling anodyne lotions were applied, and subsequently lead poultices. A very slight amount of suppuration resulted, and the wound healed up kindly. The ulcer closed rapidly, and in just three weeks the limb was perfectly cured. There can be but little doubt, I think, that this is the simplest, safest, and by far the easiest method of dealing with these troublesome difficulties. Having a case of varicocele in the house shortly after this operation, I determined to try the same experiment upon the enlarged veins of the scrotum. In this case, but four drops of the iron were used. Instant coagulation ensued. The whole mass of veins became involved in the tumor which formed, of about the size of an egg, and for some days he suffered somewhat from pain shooting up along the cord. The inflammation gradually subsided; the tumor dwindled in size, and gave him no longer any pain. The hardness has now almost disappeared, and the peculiar worm-like feel of the part, invariable in all these cases, is no longer perceptible.

T. C. MOFFATT, M. D.

SEAMEN'S RETREAT, Staten Island, Nov. 24, 1860.

[*American Medical Times.*

Diphtheria, As Regards Its Specific Treatment. By WM. MASON TURNER, M.D., of Petersburg, Va.

As this dreadful malady has not yet disappeared from our land, but continues to rage in different sections of the country, indiscriminately, I deem it not amiss to spread before the profession a plan of treatment which has proved eminently successful in this region. I beg to assure my medical *confreres* that I do this without the slightest egotism; I give the treatment not altogether as my own, but *wholly* with the idea of alleviating some of the ills of humanity—resultants of diphtheritic affections—and of adding a willing mite toward removing the sufferings of the people. I have chosen, for good reasons, the *American Medical Times*, as a most fitting organ through which to make known the peculiar views which follow.

It is not my purpose to go into the etiology, nature, origin, similarity in points of resemblance with other diseases, etc., of diphtheria. All of these points I have fully discussed, as far as my ability enabled me, in a recent number of the *Charleston Medical Journal*. In that article I gave a history, in epitome, of diphtheria from its first appearance, until some twenty-two months ago, in the State of New York, it again showed itself, a most fatal and malignant scourge. I shall not dwell here, then, longer than to state generally that I think the disease is owing to malarial influence, and that it is essentially a blood-poisoning, with a great degeneracy and breaking down of the vital forces—antithetical, in fact, to sthenism, which is only present in local inflammatory points. I deem it necessary to state this much in defense of my treatment; rather, I should say, in defense of the treatment generally followed here and throughout Virginia. At this point, I may as well say that I do not now by any means agree with the views I entertained and expressed in the article written for the *Charleston Journal*. I refer wholly and emphatically to the opinions I then held concerning the *treatment*. Suffice it to say for the present, that I *then* discarded all *specifics*, and clung pertinaciously to *general principles*; clung *so* pertinaciously, in fact, and with such a strong faith in my remedies, that I buried several of my

patients before I relinquished the *old plan*, and sought safety in specifics. To this, however, I may refer again in this paper.

The treatment of diphtheria, like the treatment of most other diseases, is dependent on a multitude of circumstances; on the condition of the patient when seen by the physician—on his means for providing proper sustenance—on the attention he receives—on the peculiar situation in which he may be placed as regards wet or dry localities—on the temperament of the patient—on constitutional tendencies and attributes, etc. Yet, speaking generally, we may materially reduce these circumstantial conditions, and arrange our treatment according to the time we see the patient; that is, for *diphtheria in the early stage, and diphtheria in the advanced stage*. The treatment for the early stage is the same as *should* be employed in the advanced stage; yet, owing to physical obstacles, the treatment has to be varied for the latter. When I first encountered diphtheria, I was led to treat it as I would have treated any case of ordinary angina, or any case of local and general inflammation. Depletants, mercurial alteratives, leeches, blisters, caustic and compound sage gargle, constituted my treatment. There is no denying that the greater portion of my patients recovered; yet, knowing what I do now concerning the affection, I can not attribute their restoration to health entirely to my remedies. Those patients, in whose treatment I employed mercury and local depletants, fared worse; where I did *not* use mercury and local depletants, *I did not lose a case*. I was thus led to study more minutely the disease, and its train of many singular symptoms. This study convicted me of the error of my treatment, and solved some of those inexplicable terminations which I had often observed with astonishment in my practice. I soon determined that the disease was ultimately *asthenic*, and from this one fact, I derived a basis for what I consider *sound treatment*.

Without referring to this further, I will come to the subject in hand. When I am called to a patient with diphtheria, I immediately put that patient, *anemic* or *plethoric*, on *tonic* treatment—tonic, both so far as regards medicines and nutriment. It matters not what may be the contra-indicating symp-

toms, I always direct tonics; even, in fact, if the pulse is 125 to the minute. My success bears out the treatment. At the same time, I institute the *disinfectant* or *chlorine treatment*. With these combined, alone—the tonics and the disinfectants—and without the aid of caustic and washes, I am almost confident of success. I do not mean to say by this, that I ignore *gargles*; far from it; in conjunction with the internal tonic and disinfectant treatment, I *always* employ gargles, and gargles of a disinfectant nature. I studiously avoid probangs; I look upon them as instruments of torture and of death. I *know* I have seen cases which have died from the constant mopping to which the throat was subjected. Mopping has only one effect—that of stimulating the surfaces, causing them to throw out the false membranes more vigorously than ever. I have used the probang and the different washes, caustic and stimulant, and never experiencing any success from their employment, I now discard them altogether. When the diphtheritic membrane is confined to the local region, hard and soft palate, and lips, I often employ, by direct application, equal parts of ol. olivæ and spir. terebinth.; I never *scrub* the parts, however, with the liniment. I give explicit directions that it shall be applied with *a soft rag, and touched very gently*.

Under the head of tonics, I use quinia and iron chiefly. I prefer the tinct. ferri muriat. much above all other tonics. In more advanced stages, where deglutition is impossible, I employ nutritive enemata, to which I add a large proportion of sulph. quiniæ. Under the head of disinfectants, I give potass. chlorat. chiefly and almost wholly. I have employed, with decided advantage, sulph. quiniæ and chlorate of potass., jointly, in powder. But a more favorite mode of combination with me is to order a solution of potass. chlorat., and give with it the tinct. ferri muriat. in doses to suit adult, boyhood, or infantile age. As a gargle, I like none better than the following:—

R.—Potass. Chlorat. 3 iss.

Tinct. Myrrh, Mel., Boracis, aa 3 ss.

Hydrochlor. Acid, dilut. gtt. xv.

Aquæ font. 3 iv.

M.—S. Use often.

Or simply,

R.—Labarraque's solution, 3 ij.

Aquæ puræ, 3 viij.

M.—S. Use often.

I generally direct a flannel rag, saturated with ol. terebinth., to be placed around the neck. With all of this treatment, a highly nutritious diet is almost indispensable—oysters, broths, beef, mutton, and chicken teas, port-wine, good brandy, etc. A proper attention should also be given to the *primæ viæ*. I never administer emetics, save in the *very earliest* stages. For more advanced cases, the same treatment is applicable, and when the œsophagus is no longer able to perform its office, the medicines and diet, substantially as directed above, must be exhibited by the rectum. The gargle, made with Labarraque's solution and water, in such cases, can be syringed with advantage into the nasal cavities, and into the mouth and throát. The entire treatment may be thus concisely summed up:—*Tonic* and *disinfectant* (the latter internally and topically), all combined with rich diet. Best tonics—sulph. quiniæ and tinct. ferri muriat. Best disinfectants—potass. chlor. and acid hydrochlor. dilut. Best local disinfectant, in form of gargle—Labarraque's solution et aqua pura, or any gargle in which, with other ingredients, a disinfectant bears a large proportion.

Such is the treatment which we usually follow here. Such is our reliance on it, that in *nine out of ten cases of diphtheria*, we consider the prognosis as favorable. With the hope that some of our medical brethren, especially at the North (for it is in substance adopted in the South), will give this treatment a fair trial, I lay it, with all due respect, before the profession at large.—*Amer. Med. Times.*

PART FOURTH.

EDITORIAL.

PUBLISHING MEDICAL JOURNALS.

We have come to the conclusion, that many readers of Medical Journals think that every publisher is a rich man, and has adopted that method of spending his money; and it is as much as they can afford to simply read his journal; as to pay, the publisher may do without his dues. Allow us to say to the readers of the Eclectic Medical Journal, that if any of you have formed any such opinion in regard to its publisher, that you are much mistaken; and if you wish to read the Journal, you must pay for it.

If we had been blessed with a fortune—by entailment, or had made one out of twenty years' hard labor in the profession—we could, and *perhaps* would be willing to supply all our medical friends with reading matter in the form of a journal; but as such is not the case, we shall have to call for "material aid" from all who wish the Journal continued. We had to cut off four hundred of our old subscribers at the close of the volume for 1860. Cause,—did not pay up.

All who receive this number, and wish the Journal continued to them, must remit at least half the subscription for the year, before the issue of the March number, for, hereafter, it will be sent only to those who comply with this request. Such of our old friends as have paid up, will please accept our thanks, and such as have not done so, we hope to hear from soon.

R. S. NEWTON,
Editor and Publisher.

SPRING SESSION OF THE ECLECTIC MEDICAL INSTITUTE FOR 1861.

This session will commence on Monday, the 11th day of February, 1861; and from every indication, the class will be as large as usual for Spring sessions.

This term embraces the very finest season of the year for study. Every facility for study will be abundantly supplied. Many of the young men who have attended lectures in the Institute both winter and spring, have said that the spring term is the better one for the student.

Tickets, \$85; Graduation, \$25.

N.

CLINICAL REPORTS.

Our next number will contain several pages of Clinical matter—being some of the cases treated during the Winter Session, in the Clinical department of the Institute.

N.

THE HEALTH OF CINCINNATI.

At no time, for years, has our city been more healthy than now. The usual diseases of the season are less, and more manageable, than formerly. We yet have an occasional case of Diphtheria, but it is now very easily treated, and readily yields to the remedies heretofore published in this journal.

N.

OHIO MEDICAL COLLEGE AND THE CITY COUNCIL.

At a late meeting, the City Council adopted a resolution, unanimously, to have the Ohio Medical College, and the Commercial Hospital, *divorced*. The city is determined that this shall be done, or the new Hospital shall not be built. This is a right move in the right direction, and when accomplished,

will be the breaking up of the very worst monopoly ever imposed upon any class of men. The "Old Bear" will have to give another growl.

N.

SYPHILIS CURED WITH AND WITHOUT MERCURY.

In five years, there were admitted into the Hospitals of Sweden, 16,985 persons, laboring under syphilis; 6,707 were treated without mercury; out of which number only $7\frac{1}{2}$ per cent. of relapses occurred; while of the 10,728 treated with mercury, there was 14 per cent. of relapses. Facts speak louder than words.

The old school of practitioners, and all favorable to the use of mercurials in this disease, introduce into the human system a poison more malignant than syphilis itself; and he who has had his system saturated with mercury in connection with this disease, is in a tenfold worse condition than if he suffered alone with syphilis. This whole system of practice in the treatment of this, as well as other diseases, should be prohibited; for a man, although he be a graduate of a medical college, has no more right, either legally or morally, to destroy the whole bony system, the teeth, the gums, the cheek, and other portions of the body, with his calomel than he has with his knife. If one maims or destroys his fellow man in anger, or with intent, he is sent to the state prison, and properly so; while the murderer, under the disguise of a professional cloak, is allowed to go over the land, and with his poisonous drugs, kill by the score, and none dare hinder or molest him.

Our system of medication does not only cure this, but all other diseases, without mercury.

Syphilis is a dangerous disease under all circumstances, and especially so when treated with mercury, for it will dry up the disease for a time and render it, to all outward appearances, cured; the party marries, when he finds, to his astonishment, that his system is still under the influence of this disease, causing trouble in every possible manner. One who is treated with mercurials never knows when he is cured; while those cured without mercury scarcely ever have to be treated a second

time; nor do we feel it, as in the other case, affecting the offspring, or returning in some other form.

A person with this disease, should lay up and give the treatment his entire attention.

A person should, in no case, discontinue the use of medicine for months, although it may not be actually necessary; yet, when we know that the medicine used by our school of practitioners will not, in any case, or under any circumstances, produce any disorganization of the tissues, it would be better to use them even longer than necessary, than to stop too soon and leave the disease in the system. N.

TO ECLECTIC PHYSICIANS.

The indications for a still greater demand for good Eclectic Physicians, in various parts of the country, are favorable. We have been requested, by one of the leading citizens of Mendota, Lasalle county, Illinois, to try to induce an Eclectic to locate in that city. It has a population of three thousand—is pleasantly situated, with several railroads, and every other facility and comfort. At this time, there is not an Eclectic Physician in the place. N.

FRANKLIN GROVE, Lee Co., Ill., }
December 31, 1860. }

Dear Sir:—Can't you send a good Eclectic Physician and Surgeon out here? I am one of the "Old School" type, but am, as I think, rather Eclectic, and would like an able partner, of the genuine stamp, for I see the people want it—that is, a great many of them.

The location is a good one—there is no doubt of that—and I would be happy to meet any one that you recommend.

Very respectfully yours, G. B. CHRISTY.

COD-LIVER OIL.

This great "regular medical panacea" has run its race, and been found to be one of the great humbugs brought into use by

the medical profession, and by them sustained, no doubt, for the purpose of covering up their many failures. It has been tried in the *balances of experience*, and found *wanting* in those qualities which, at its introduction, were said to constitute its great virtue as a remedial agent. Its glory has departed.

N.

CONCENTRATED TINCTURES.

I have been furnished by T. C. THORP, during the last year, with what might be termed *Concentrated Tinctures*, and which have proven so desirable that I wish to bring them to the notice of the profession.

In the manufacture of these, the object has been to hold as large an amount of the medicinal principles of an agent in solution as possible. A very convenient method of administering remedies is, to add to a tumbler of water such an amount of a tincture, that the dose will be a teaspoonfull. This is not only convenient, but it is also the best way to administer such medicines, as the remedy is properly diluted, is more readily absorbed; and there is no danger of a mistake being made in a dose. Thus, in giving Tinct. Veratrum or Aconite, I add 3j. to 3vj. of Water; the dose of which, for an adult, would be a teaspoonfull, every half hour or hour. In using the remedies in this way, the irritation of the stomach is produced; the action of the remedy is continuous and equable; no danger of giving too large a quantity, and the entire avoidance of the exceedingly unpleasant effects that sometimes follow their common use.

Concentrated Tincture Lobelia.—Medium dose, gtt. v. 3 ss., will produce emesis. In *angina pectoris*, 3 ss. to 3j., arrests the paroxysms, as it does likewise in neuralgia of heart, and pleuralgia. In acute diseases of the respiratory organs in children, Tinct. Lobelia, 3 ss.; Tinct. Asclepias, 3 ij.; Tinct. Veratrum, gtt. x.; Water, 3 iv., sweetened with sugar, forms a very efficient and sedative expectorant, and is very readily compounded, and is quite pleasant to the taste. Increase the quantity of the tinctures, and it is equally valuable for the adult.

Concentrated Tincture Macrotys.—Medium dose, gtt. x. I have obtained much benefit from this agent, combined with the special sedatives, in febrile and inflammatory diseases, where there was much irritability of the nervous system; a dry, constricted skin, and scanty urinary secretion. I will give but one combination, for acute inflammatory rheumatism. To 3 vj. of Water, add Tinct. Macrotys, 3 iij.; Tinct. Veratrum, 3 ss. to 3 j.; Acetate of Potassa, 3 iij.; Morphia Sulphas, gr. ij. Dose—a teaspoonfull, every hour, with other adjunct means.

I specify these two agents, and combinations, merely to show their availability when the practitioner dispenses his own medicines. All the prominent articles of the *Materia Medica* can be prepared in this way. s.

A SUBSTITUTE FOR OPIUM.

Of the many causes of infantile mortality, there is no single one that is chargeable with more deaths, than Opium, in its different forms of Godfrey's Cordial, Bateman's Drops, Paregoric, Soothing Syrups, etc., used to relieve pain and produce sleep. We can not throw all the blame on mothers. A weary life do a majority of mothers live; in addition to the numerous household cares, sufficient to exhaust her strength and endurance, there is added the restless, uneasy, crying child; not only restless during the day, but also at night, preventing that sound sleep which is so much needed by her weary body and mind. How strong the inducement, in such cases, to use what appears to be a simple innocuous preparation, which will give ease to the child and rest to the mother.

The restlessness of the child, in many such cases, arises from irritation of the primæ viæ; or, in some cases—to use a popular expression—it is mere nervousness, an irritable condition of the nervous system. In these cases, I direct—

R.—Tinct. Lavandula Com., 3 ss.

Tinct. Lobelia, 3 ij.

Simple Syrup, 3 ij.

Dose.—For a child six months old, 3 ss., as often as necessary.

For infantile colic, it has no superior. s.

BOOK AND JOURNAL NOTICES.

CONCENTRATED ORGANIC MEDICINES: BEING A PRACTICAL EXPOSITION OF THE THERAPEUTIC PROPERTIES AND CLINICAL EMPLOYMENT OF THE COMBINED PROXIMATE MEDICINAL CONSTITUENTS OF INDIGENOUS AND FOREIGN PLANTS. To which is added a Brief History of Crude Organic Remedies, Constituents of Plants, Concentrated Medicines, Official Preparations, etc. By GROVER COE, M.D. Second Edition. New York: Published by B. Keith & Co., 41 Liberty Street. Pages 446. Price, \$1.00.

CONTENTS.—PART I.—CHAPTER I.—*Crude Organic Remedies.*—Objections to their use—Frequently inert—Facts of analysis—Influence of soil, climate, cultivation, kiln-drying, etc.

CHAPTER II.—*Constituents of Plants.*—Acids—Alkaloids—Indifferent or neutral substances—Cellulose—Xylogen—Cuticular or cork substance—Protein—Amylum—Dextrine—Sugars—Pectin—Gum—Mucilage—Viscin—Inorganic elements—Fixed Oils—Wax—Volatile oils—Camphors—Resins—Oleo-Resins—Gum-Resins—Resinoids—Caoutchouc—Coloring matters—Extractive substances or neutrals—Humus—Apotheme—Fermentation—Decomposition—Putrefaction—Amygdalin—Emulsin, etc.

CHAPTER III.—*Concentrated Medicines.*—Official preparations—Infusions—Decoctions—Extracts—Aqueous, Alcoholic, Hydro-alcoholic, Inspissated, Fluid, etc.—their liability to decomposition—of variable strength—frequently inert, etc.—Concentrated Medicines Proper—their advantage—uniform and definite in strength—not liable to change—methods of administration, etc.

PART II.—*Concentrated Medicines Proper.*—Their therapeutic and clinical history—Senecin—Asclepin—Gelsemin—Macrotin—Ampelopsin—Geranin—Populin—Cypripedin—Chimaphilin—Dioscorein—Chelonin—Helonin—Leptandrin—Digitalin—Rhusin—Baptisin—Podophyllin—Myricin—Euonymin—Alnuin—Viburnin—Cornin—Rumin—Caulophyllin—Jalapin—Phytolacin—Hyoscyamin—Stillingin—Lupulin—Veratrin—Eupatorin Perfo.—Eupatorin Purpu.—Corydalin—Juglandin—Trilliin—Scutellarin—Apocynin—Irisin—Hydrastin—Hamamelin—Euphorbin—Lycopin—Fraserin—Xanthoxylin—Aconitin—Colocynthin—Rhein—Atropin—Baptisin, etc.

Following each of the concentrated medicines proper, is a complete treatise, giving all the usual applications, and the diseases for which they are administered.

We make the following extracts from the Preface to the Second Edition:

"The urgent demands of the profession rendering a second edition of the present volume necessary, the author avails himself of the opportunity to express his sincere acknowledgements for the favor with which his feeble attempt to elevate the standard of *Materia Medica* has been received. Progression is the order of the day, and in no department of medical science is its operations more manifest than in that of therapeutics. The writer hopes to see, at no distant day, the formation of an indigenous *Materia Medica*, competent for the wants of all, and at once the pride and glory of our common country.

"To the present volume has been added the history of several agents not unknown to the profession, but for the first time presented in their present form. The characteristic difference is the same as that of the other concentrated preparations described in this work, namely, the isolation of the several active constituents resident in each plant. Their clinical history has been drawn from competent sources, upon which the writer has been compelled to rely in the absence of satisfactory personal observation. The authority, however, is as much entitled to credence as would be the vouching of the author's own experience.

"This addition has been made in the form of addenda, with a view to an ultimate revision of the entire work, together with the rendition of whatever valuable original information upon the subject of organic remedies, may have been at such time developed. The writer is well aware that such revision is much needed, and trusts that his life and health may be spared to the completion of his ultimate design.

"A word in reference to the doses of the concentrated remedies. Complaints have reached the author that, of some of the preparations, the doses indicated were too large, as of the *Gelsemin*, for instance. In the course of the work, the writer frequently referred to the fact, that the doses named were such as he employed in the locality where he then resided, and that

while the *properties* of the remedies would remain the same under all circumstances, the judgment of the practitioner must decide the propriety of *quantity, repetition, and continuance.* * * * * *

“The properties and employment of a remedy being given, it remains for the practitioner to graduate the dose. This can never be stated with such precision as to meet the necessities of every case, but only approximatively; time, circumstance, and idiosyncrasy forming the standard by which to judge.

Again this little volume is committed to the profession, with the assurance that the author holds himself strictly responsible for whatever of error as well as of truth may be incorporated in its pages, frankly inviting clinical criticism of all he may have said in relation to the properties and employment of the remedies considered. None are claimed to be *specifics* in the cure of disease, but all are claimed to possess *specific properties*, manifested, however, not uniformly, but in *specific* conditions. The condition ascertained, and adaptation of a suitable remedy being had, a manifestation of its specific powers may reasonably be expected.

“That those of the profession into whose hands this volume may fall, will receive and test the opinions and statements put forth by the author, and render their verdict in the same spirit in which it was indicted, is the wish of

“Their obedient servant,

GROVER COE.”

This is the only complete work ever published, exclusively upon this subject, and is an embodiment of all that is known upon the subject, as far as published.

This form of medicine is more extensively used, at this time, by the Eclectic Physicians than any other. Our old-school friends are also using them extensively. We advise every medical man, who wishes to keep himself up to the times, in his profession, to procure a copy of this work.

We have to regret that Dr. Coe was not spared to carry out his original plan for future editions, and further improvements, in this special field of labor, for which his qualifications and taste were so peculiarly adapted.

N.

EDITORIAL ABSTRACTS AND CLIPPINGS.

Injections of Iodine into the Tract of Fistulæ in Ano.—Many patients refuse the knife in this complaint. Hence many contrivances have been devised; amongst which Mr. Luke's instrument for gradually cutting through the parts by means of a thread and rack has been found very useful. No means but the knife, or such substitutes as Mr. Luke's instrument, can be of any avail when the tract has become callous and insensible to stimulating or caustic injections; but, in recent cases, various injections have proven of great service. Of late, pure tincture of iodine has been tried; and we find several successful cases related in 'L'Union Medicale' of the 26th ult., by M. Henry, assistant to M. Bonnafont, at the Infirmary of the Invalides (the analogue to our Chelsea Hospital) in Paris. To prevent the injections irritating the rectum, M. Bonnafont places a tent in the bowel, reaching about an inch above the intestinal orifice of the fistula. This tent is also very useful in respect of diagnosis, when we are in doubt whether the fistula is blind or complete. Put the tent into the rectum pretty high up, and inject iodine; if it comes out unstained, the fistula is blind; if stained, it is complete.—*Lancet*.

Severe Prolapsus Ani; Sloughing of the Mass; Cure.—In old prolapse of the rectum, where considerable hypertrophy and induration of the protruded part have occurred, it is commonly necessary, when great inconvenience arises, and the return is not to be effected by supine posture, cold applications, and equal pressure, that the prolapsed part be cut off at the base, or treated with nitric acid. In a case of severe prolapsus of the rectum admitted into St. Mary's Hospital, under the care of Mr. Coulson, any such proceeding was superseded by the operation of nature. The patient, an old man of sixty-two, was the subject of an old prolapse which had been irreducible, and was very painful during the week prior to his admission. When admitted, it existed as a circular tumor, turgid, hard, and inflamed, of the size of a small orange. It was uncom-

plicated with hemorrhoids ; and there was no retention of urine. The patient suffered considerable dragging pain, and defecation was highly inconvenient. Emollient applications, laxative medicine, and the supine position were employed to relieve his pain. Sloughing of the tumor, however, quickly ensued after his admission, and in the course of a week the whole plug of membrane sloughed away, and a complete and spontaneous cure took place. The cure in such a case results from a precisely similar process to that which the surgeon imitatively excites by the employment of the ligature. Artificial strangulation of the base of a hemorrhoidal tumor has, however, this advantage for the patient over the natural process seen in the above case, that in the latter instance the strangulation is necessarily preceded by a considerable amount of inflammation and engorgement, which are productive of great pain and suffering during the preliminary stages.—*Lancet*.

On a Convenient Instrument for Examining the Base of the Tongue. By P. C. PRIOR, Esq., M. R. C. S., Surgeon to the Great Northern Hospital. — In cases of disease of the base of the tongue and parts immediately in relation with the epiglottis, much difficulty is often experienced in endeavoring to obtain a clear view of the parts involved, while it is often impossible even to catch a glimpse of the morbid condition. When such is the case, the surgeon is compelled to remain content with the conclusion at which he may arrive by the symptoms exhibited. To facilitate the examination of the upper part of the throat, I am in the habit of using a little instrument, which consists of a small disc of hard steel, very highly polished, and attached to a slender rod of soft, bendable metal, by means of a ball-and-socket or a screw joint, which gives great freedom of movement, and allows the plate of metal to be placed at any angle with its stem. The polished disc acts as a mirror of the first class, and when raised somewhat above the temperature of the breath (by being dipped into hot water), enables the surgeon to detect at the base of the tongue, and about the epiglottis, such morbid conditions as excoriations, ulcerations, small tumors, etc.

This simple contrivance was made for me by Mr. Matthews, of Portugal-street, and is much used, I believe, on the continent. In two instances of syphilitic ulceration of the throat, lately under my care in the Great Northern Hospital, it proved of considerable advantage; and its general utility will, I have but little doubt, be duly appreciated on many occasions.—*Lancet*.

On Quinio or Rough Quinine. By M. BATKA.—A substance is known in the Brazils under the name of quinio, which is extracted from the fresh bark of the cinchona by lime, and then from the lime by alcohol. It is very rich in quinine, and it is only necessary to boil it with dilute sulphuric acid to obtain an abundant crystallization of pure sulphate of quinine. Quinio is a yellow body of a resinous appearance and of a bitter taste. It is insoluble in cold, and but slightly soluble in boiling water. It is very soluble in alcohol and ether, separating partially from the latter by exposure to the sun. Water precipitates the alcoholic solution. It is almost entirely soluble in weak sulphuric acid, from which soda precipitates it of a dirty white color, the precipitate assuming the appearance of a resin. A beautiful white sulphate, however, may be prepared from it. Quinio is free from cellulose; when heated it gives off an odor something like cinnamine, and burnt, leaves a light residue of carbonate of lime. It resembles a good deal the quiniiodine of Liebig, but is much purer than quiniiodine of commerce.—*Dublin Hospital Gazette (Braithwaite.)*

Scooping of Bone Substituted for Resection or Amputation.—M. Sedillot, of Strasburg, has, for the last two years, seized every opportunity, in cases of diseased bone, of scooping out the affected parts, and leaving the cortical portion, rather than have recourse to resection or amputation. In April, 1858, he brought this mode of operating before the Academy of Sciences at Paris, and then stated that he was led to adopt the method from observing the remarkable osteogenic powers of the periosteum, pointed out by M. Flourens and M.

Ollier. Instead, however, of dissecting the periosteum from the bone, and removing the latter, (a proceeding which offers some difficulty), M. Sedillot leaves the whole cortical portion of the bone, as above stated, and removes the carious parts.

On the 31st of October last, the author brought before the same Academy an account of the cases operated upon in that manner. Ten patients recovered, and three died. Among the former, M. Sedillot mentions the case of a young girl, in whom he had scooped out the lower third of the femur and the condyles; she now walks very well. Another case is that of a young man suffering from caries of the lower part of the left tibia; the scooping here included the whole of the articular extremity, and the inside of the malleolus: the patient now works hard, and can walk fifteen or sixteen miles. The fatal cases may not be charged to the operation; one died of epidemic sloughing phagedena six weeks after the scooping, and the others several months after submitting to operative procedures. M. Marmy, of Lyons, and M. Ehrman, a military surgeon in Algeria, have both sent to the author a successful case of this operation.

If we are not much mistaken, M. Sedillot's operation has much analogy to the gouging in caries so often successfully practiced in the hospitals of this metropolis. But a real improvement in the operation of resection of joints is, the careful preservation of as much periosteum from the extremity of the articular surfaces some distance up the shafts as has not been destroyed by the progress of disease. This should be borne in mind by those surgeons who frequently perform resection of joints; nor are the practical proofs of the utility of these precautions wanting. M. Verneuil, of Paris, for instance, has placed several cases of resection of the elbow before the Academy of Sciences, and shows that, by dissecting very carefully whatever periosteum is left, he had, by regeneration of bone, in one of his cases, only two inches' shortening, after having removed altogether four inches of osseous texture from the humerus, radius, and ulna. In another case, M. Verneuil was able to leave a regular cylinder of periosteum at the lower extremity of the shaft of the humerus; and in this instance, also, the results were extremely satisfactory.—*Braithwaite.*

Forcible Flexure in Anchylosis.—Since the attention of the profession has been drawn to the subject of the treatment of false anchylosis by forcible rupture of the uniting medium, through the labors of Mr. Brodhurst in this interesting field of research, we have noticed very many attempts to treat such cases at the different hospitals, and mostly with success, when the union has not been osseous. Several examples of the kind have been recorded in our 'Mirror.' Two lately occurred at St. George's Hospital, in which this plan of treatment has been followed by the most satisfactory results. The first was a boy who had broken off the outer condyle of his right arm four months ago. This united, with the arm remaining in a faulty position from a false anchylosis; pronation and supination were perfect, but a stiff joint remained. Under chloroform, Mr. Cæsar Hawkins readily broke up the uniting medium, and the fullest flexion and extension were obtained, and this has continued without an untoward symptom. The other case was that of a woman aged fifty-five years, who fell on her hand three months and a half ago, fractured the lower part of the radius, and injured the elbow, partially dislocating the ulna backward. The result was union of the fracture and anchylosis of the elbow-joint, without the slightest motion, the arm being, moreover, almost straight, and to all intents useless. She was seen by Mr. Prescott Hewett three weeks before admission, and it seemed a case suitable for forcible flexion. She was given chloroform, on the 12th of November, and on firmly laying hold of the forearm, Mr. Hewett readily broke up the adhesions, and flexed the arm with the greatest ease, restoring the normal position, without being accompanied by the slightest rigidity. This patient is now doing remarkably well.

The success which has attended this plan of treatment in various other joints beside the elbow, in the hands of Mr. Brodhurst and numerous other surgeons, entitles it to every consideration.—*Lancet*.

On the Influence of the Nerves on the Action of the Heart.
By JOHN COCKLE, M. D., Physician to the Royal Free Hospital, etc. — The exact influence of the par vagum upon the

heart is still a vexed question, although the accurate experiments of Edward Weber have never yet been challenged. He clearly proved that electro-galvanization of these nerves retarded the heart's beat, and prolonged the period of diastole; while, on the other hand, their section was followed by marked acceleration of the pulsations; so that, as Ludwig has remarked, the eighth nerve holds the balance of the heart's contractions. It is, in other words, the moderator nerve of the heart. But while admitting these experiments, what different conclusions may be drawn, if Dr. Brown-Sequard prove to be correct? This physiologist maintains that the par vagum is the true vasomotor nerve of the coronary arteries, and that its irritation causes contraction of these vessels, and thus, by preventing the passage of the blood into the cardiac tissue, diminishes the frequency of, and eventually suspends, the heart's beat; while, on the other hand, their section, by allowing the coronary arteries to become over-filled with blood, excites the heart to preternatural pulsation. Still there are residual phenomena that do not admit of such a physiological solution. Take, for example, the palpitating heart of a chlorotic girl, beating for days at the rate of 120 or more per minute; then compare this condition with that of some cases of marked fatty degeneration of the cardiac muscle, where the heart's beat is lowered to 20 per minute; and who is to say, with the authority that should entitle him to credit, what part is in such cases due to the nerves, on the one hand, and to the impoverished blood and to the degenerated tissue, on the other? Look at the dilemma we should fall into, for example, if the action of the heart, in anæmia, were considered as dependent upon the motor nerves. In accordance with experiment, if the par vagum were irritated the standard of pulsation should be lowered, not raised; or, if the accelerated pulsation were referred to the central ganglia, why then the par vagum does not in reality hold the balance.

The explanation of the mediate influence of the sympathetic nerve upon the heart is still more obscure. It is familiar knowledge that tænia in the intestine can greatly derange the heart's rhythm and rate of speed, but the exact *quo modo* is still open to conjecture.—*Lancet*.

On the Treatment of Corns on the Sole of the Foot. By HOLMES COOTE, Esq., F. R. C. S.—I have lately had under my care some cases illustrating the nature of this painful affection and its treatment. It may be necessary to remark, that corns are technically termed “clavi,” from a fancied resemblance to the head of a nail; but most persons know that they consist of thickened epithelium or cuticle, and that a small bursa is sometimes found between them and the subjacent parts. They proceed entirely from undue pressure; hence they appear on whatever parts of the feet a pair of badly-fitting boots or shoes press unequally or unpleasantly. The remedy is simple, and consists in the person so affected wearing boots with a sole as wide as the sole of the foot, of ample length, square at the toes, and with the upper leather soft and moderately loose. But this advice is rarely followed, fashion exerting a more powerful influence than good sense.

There is, however, a form of corn which is found on the sole of the foot, the pain attending which is so great that patients are at times unable either to walk or stand. Mr. Erichsen notices it in his work on surgery. “It is usually of small size and round in shape, the neighboring cuticle being always thickened and hardened. It is extremely sensitive to the touch, the patient shrinking when it is pressed upon, as if an exposed nerve had been injured. On slicing it down with a scalpel, it will be found to be composed of soft, tough, and white epidermis, arranged in tufts or small columns, in the center of each of which a minute black dot is perceptible. Each tuft appears to be an elongated and thickened papilla, and the black spot is a small point of coagulated blood which has been effused into it. Around the depressions in which each of these corns is seated, the hardened cuticle forms a kind of wall.”—p. 439.

I have known ulceration to occur in this morbid structure, when a deep and foul sore, excessively sensitive, is formed. It may be healed by rest, but it recurs when the patient resumes the usual habits.

Now the cause of these corns will generally be found to proceed from a tense condition of some of the important tendons, that most frequently affected being the tendo-Achillis. When it is so contracted, the foot can not be raised beyond a right angle; and it follows that the weight of the body is unduly

thrown on the fore part of the sole of the foot, where the corn speedily forms. The contraction of the tendon may be so slight as to need careful examination for its detection ; but so long as it exists the cause of the corn remains, and it will be found that any other measure less than the division of the tendon will be only palliative. The subcutaneous division of the tendon, its elongation, and the restoration of the foot to its normal bearings must be conducted on the usual principles of orthopædic surgery. The practice has been adopted many years at the Orthopædic Hospital ; but it is not so generally known as, in my opinion, is desirable.—*Lancet*.

Extraordinary Tenacity of Persons Determined not to Die. — Dr. Oliver Wendell Holmes, in his famous paper on Physicians, tells the following stories of persons who *wouldn't* die when they "were expected to." He says :

"I have doomed people, and seen others doom them over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they lived, and are living still. I see two men in the street very often, who were both as good as dead in the opinion of all who saw them in the extremity. People will insist on living sometimes, though manifestly moribund. In Elder's Life of Dr. Kane, you will find a story of this sort, told by Dr. Kane himself. The captain of a ship was dying with scurvy, but the crew mutinied, and he gave up dying for the present to take care of them.

"An old lady in this city, near her end, got a little vexed about a proposed change in her will, ordered a coach, was driven twenty miles to the house of a relative, and lived four years longer.

"Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing the unstable equilibrium of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time.

"Jabez Musgrave was shot with a bullet that went in his

ear and came out of an eye on the other side. A couple of bullets went through his body, also. Jabez got well, however, and lived many years. *Per contra*, Col. Rossiter, cracking a plum-stone with his teeth, broke his tooth, and lost his life. We have seen physicians dying, like Spigellus, from a scratch ; and a man who had a crow-bar shot through his head is alive and well. These extreme cases are warnings.

“Capt. Daniel Greene, an old sea-captain, who died in Marietta, a year or two since, had a scar about the size of a ten-cent piece, plainly to be seen, on each side of his face, caused by a bullet shot through his head, a little front of his ears, many years before his death, as we have heard, in an engagement of his vessel with pirates.

“The writer hereof once knew a girl to slide from hay in the upper part of a stable, upon a cart-stake, which was sharp at the top, and which entered the lower part of her body and passed out between two of her ribs. Her father took the stake out of the cart, with his little daughter thus pierced through by it, laid her on the stable-floor, and pulled the stake out of her body. The same little girl is yet living, and now a married woman.

Extraordinary Maternal Precocity—A Girl becomes a Mother before Her Eleventh Year.—Among the illegitimate births in Massachusetts in the year 1858, one case is worthy of special notice, in consequence of the extreme youth of the mother. Elizabeth D—— was born of native parents, in the alms-house at Taunton, May 24, 1847, and at the same place she became the mother of a healthy boy, on the first day of February, 1858, being only *ten years, eight months and seven days old*. This is a rare case in that climate, but it is well attested by the physicians of the alms-house at Taunton, who officiated professionally both at the birth of the young mother, and that of her child. The boy weighed eight pounds at birth, and at the age of eighteen months, thirty-seven and a half pounds, and was in the enjoyment of robust health.

ECLECTIC MEDICAL JOURNAL.

VOL. XX.

MARCH, 1861.

No. 3.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*What is Water?* By J. MILTON SANDERS, LL.D.

There are few persons in this age who would not smile at this question, still how few who really know what water is! Until within a few years back, water was thought to be one of the four acknowledged elements; and, therefore, as the word *element* would signify, was unsusceptible of being resolved into simpler parts. This was taught in all the books and treatises of those days, with all that pretension and turgidness which still characterize too many of the books of the present age. And, indeed, so simple and bland is water to the taste, that we can not censure those persons for the very dogmatical assertion that it was a simple body. But were water a simple body—that is, incapable of resolution into other substances—then would the great purpose of Nature be frustrated. It is the very compound nature of water which enables a thousand

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processes of growth and assimilation in the animal and vegetable economy to ensue. Water, *as water*, would not answer the purpose, for it is the constituents of water that are required in order that animals and vegetables should grow, and produce their kind.

Instead, therefore, of water being a simple undecomposed body, modern chemistry has found it to be a substance composed of two other ones, which are in themselves elementary. But who would suppose that these constituent substances possess the peculiar properties we find in them, for one of them appears to be eminently "combustible," while the other is the great "supporter of combustion," taking the word in its common acceptance. If, therefore, water is resolved into its constituent elements, we find it composed of two volumes of hydrogen gas and one volume of oxygen gas; or by weight, of one part of hydrogen to eight parts of oxygen. Both of these substances being æriform bodies, it thus appears that water, as heavy as it is (a gallon weighing about eight pounds), is composed of two substances which are really invisible, and to the senses without weight. Hence, one not conversant with the gigantic changes which ensue constantly around us, through the agency of these invisible bodies, would suppose that water is composed of nonentity, instead of substances which have weight. In fact, this was the reason why water was so long thought to be a simple body, for its decomposition revealed nothing to the senses, and consequently nothing was suspected. It is true, that if we heat water, we observe it rise into vapor or steam, but if this steam comes into contact with a body colder than itself, it is immediately condensed into water again, and this appeared a strong confirmation of the simple nature of water.

We said that hydrogen, one of the components of water, is a "combustible" substance, and that oxygen, the other constituent of water is, a "supporter of combustion." That is, if we light a jet of hydrogen in the air, it takes fire and burns, but if we attempt to light a jet of oxygen gas in the air, it will not burn, although it imparts great vividness to any body which is generally called combustible, as a piece of wood. But we must not lose sight of the fact, that combustion is merely chemical action, and that the burning of a body in the

air is nothing more than an energetic chemical action perceptible at the spot where the burning body, and the oxygen of the air, come in contact. That this is true, and that, strictly speaking, these are "combustibles" and "supporters of combustion," we may illustrate by allowing a jet of oxygen to be ejected into an atmosphere of hydrogen, when the former burns as energetically as did the hydrogen in the air.

But let us return more directly to our subject. We learn that water is composed of two gases, and of which (in an atmosphere likewise that contains oxygen), is highly inflammable, while the other has well been termed, a "supporter of combustion," because its affinities are so general and energetic, that it has a tendency to support combustion in chemical action, with really everything upon the earth, not even, perhaps, excepting fluorine.

Then is it really so ludicrous and laughable to assert—as the writer of this did when he was a mere lad—that the day would come when water would be used both for heat and illumination? We did make the assertion, and was laughed at for writing such superlative nonsense! In fact, so strongly have chemists of the present day been impressed with the conviction, that water may be used especially for illumination, that they have been laboring for years to that end. Several patents have been taken out in England, France and Germany, for processes purporting to be practicable in the manufacture of illuminating gas from water; but they have all failed when submitted to practical tests in the large way. The writer of this has been impressed, for several years back, that this great problem would be resolved successfully. So persuaded did he feel upon the subject, that despite the failures of those in Europe, who had spent years in its solution, he resolved to prosecute the subject to the utmost of his ability, before he would yield that conviction.

To understand this subject of illumination from water, it is necessary that we should direct our attention again to the constituents of that fluid, and take cognizance of their affinities. The only substances, as we have seen, that compose water, are oxygen and hydrogen gases. These two gases have very different affinities, the most universal of the two being that of oxygen. This substance, as we have observed, having an affinity

for every other one on the earth; while its companion has comparatively but few of them. While the affinities of oxygen somewhat resemble those of one of the salt-radicals, those of hydrogen assimilate themselves to the metals.

It was attempted by Mr. Paine, and others, to decompose, or to separate the elements of water, by the aid of the voltaic current. This can be easily done, but it is not practicable, in consequence of the great cost incurred in keeping up such a strong voltaic current. It was at length found out, that if the vapor of water, or steam, be passed over or through ignited carbon (charcoal, coke, etc.), that the oxygen and hydrogen would be separated, in consequence of the greater affinity of ignited carbon for oxygen than has hydrogen. Here the affinities of oxygen and hydrogen are the means of their separation, for while the latter has not, perhaps, as strong an affinity for carbon as it has for oxygen, the much stronger attraction of the latter for the carbon, determines the decomposition of the water. The action that, therefore, takes place, if we pass the vapor of water through ignited carbon, is the following: The oxygen of the water—at the moment of its leaving the hydrogen—or in its state of *nascency*, as it is called, combines with one atom of the carbon, forming the gas termed by chemists, *carbonic oxide gas*. The hydrogen, at the same moment, combines with a portion of the carbon (two atoms of the hydrogen taking up one atom of the carbon), and gives rise to *light carburetted hydrogen gas*. True, it is asserted by some chemists that the hydrogen does not combine at all with carbon, but that it issues as pure hydrogen. This assertion has been made by those persons, who either have not tried the experiment, or who are too little versed in the subject to give any opinion at all.

Now, neither of these gases give out the least illumination whatever, so that if nothing more were accomplished than the mere decomposition of the water, nothing practicable would come out of it. There is another gas termed *the heavy carburetted hydrogen*, consisting of two atoms of hydrogen gas and two atoms of carbon, or having double the amount of carbon in its composition that the light carburetted hydrogen has. This heavier gas, when ignited, gives out a very brilliant illumination, and, therefore, all light-giving gases, such as coal

gas, are valuable depending upon the amount of this heavy carburetted hydrogen they contain. It, therefore, naturally occurred to the chemist, that if all, or a portion, of the light carburetted hydrogen, resulting from the decomposition of water, could be made to take up one more atom of carbon, that we would have a gas which would be light-giving in a high degree, and which would likewise possess the great desideratum of cheapness.

Here was the problem to be accomplished—to convert the light carburetted hydrogen into heavy carburetted hydrogen, and so economically that it would compete with, or supersede coal gas. It would occupy a volume to detail all the contrivances that have been devised for this purpose. Several patents have been taken out in Europe for this purpose, but have failed wholly or partially. In some of these patents the steam of the water is passed, not through carbon, but red hot iron turnings. The oxygen oxidizes the iron, converting it into the peroxide of iron, while the hydrogen, by pressure and other mechanical means, is attempted to be forced to combine with the carbon. This is impracticable, for even if the hydrogen were made to combine with the carbon (which is impossible by mechanical means), the iron alone would involve so much expense as to wholly frustrate the object in view.

Another plan came nearer effecting the object: The water was decomposed by passing its vapor through red hot carbon, when the resulting carbonized gases were passed into another vessel, and there, by means of heat, the hydrogen was made to take up the necessary amount of carbon. This would not succeed, from the fact that most gases (or matter combined with heat), when they have once assumed the gaseous condition, can not be made to combine chemically with carbon, no matter how high the temperature they are submitted to; or in other words, the most favorable time for such combination is during the nascent state of the gases, and the moment of their separation from each other, and before they have combined with the necessary amount of heat, to convert them into real æriform bodies.

This is the only manner in which we can get *chemical* combination—for such we require—or there would not be a permanent gas formed. In order that the value of a gas may be

comprehended by the reader, it is necessary to remind him of the distinction of a gas and a vapor. There have been several illuminating agents lately got up, purporting to be gases, but they are vapors. A *gas* is termed permanent, while a vapor is evanescent. These "gases" referred to, would not answer the purpose of general street lighting, from the fact that they are only air, or some other noncombustible substance, in which is held in suspension some kind of volatile hydro-carbon, such as benzole, etc. As soon as this "gas" reaches some cold pipe, the carbon material, held in suspension, is condensed. But a real gas undergoes no such condensation, and, therefore, the great necessity that the gas should be permanent in any climate north of the tropics.

It will now be seen why the European chemists failed in their efforts to combine the hydrogen of the water with the requisite amount of carbon to impart to it illuminating qualities. They did not avail themselves of the *nascent state* of that substance. In the process lately patented by the writer, these conditions have been fulfilled, and hence the great success of the experiment. The production of this gas is effected as follows: Into a retort, containing red hot carbon, steam is allowed to flow, at a pressure of not over thirty pounds to the inch; simultaneously with the ingress of the steam, there is allowed to flow into the retort, a thin stream of some carbonaceous matter, such as coal oil, asphaltum, or resin. At the moment that the water is decomposed, the light carburetted hydrogen formed or which would form—if the steam alone were allowed to come into the retort—takes up more carbon, and is converted into illuminating gas. This reaction can only take place at the moment, or simultaneously, with the separation of the hydrogen and oxygen from the water, or while these gases are in their nascent state, as it is called. As others have not fulfilled the conditions necessary to the proper formation of the illuminating gas, of course, they did not get it; or if so, only in partial quantity.

The reader has now a statement of the manner in which illuminating gas is produced from the constituents of water, and the rationale of its production, so far as it is known.

From the nature of the gases forming water, one would suppose that it might be used for heating purposes as well as those

of illumination. In fact, about the most intense heat known, is derived from the combustion of hydrogen in the presence of an adequate supply of oxygen gas. This is termed the *oxy-hydrogen blowpipe*. Its intensity is so great, that the most refractory substances, such as platinum, readily fuse beneath its flame. A very efficient mode of heat, would, therefore, be supplied from water. The writer once thought of patenting a process for burning water. The heat derived from its decomposition, and subsequent combustion, was sufficient without the use of any extra fuel, to melt iron in half the time that the same quantity of fuel would have done it. The objection to this process was that the iron bars of the furnace, were quickly oxidized by the action of the oxygen, liberated from the water. This objection could be speedily remedied by the substitution of hard clay bars for those of iron.

Thus, we perceive, that water may be made to subserve the purposes of light and heat. But while nature does not avail herself of the constituents of water for light purposes, there is no doubt but that the heat often generated in the animal economy does deeply implicate the constituents of water. But water is the great instrument nature has selected as the vehicle of oxygen gas, that substance so constantly required in the growth and reparation of all animal structures. There is a constant decomposition of water ensuing in the animal frame during life, and as constant a recomposition of water in the dead one. In every process involving life, or in the separation of the elements forming the dead body, water is constantly involved. Water furnishes much of the oxygen and hydrogen for those purposes, and upon the separation of the organic elements, composing animal and vegetable organisms, water is the result of their wonderful condensation, where they reside, reduced hundreds of times in bulk, but ready at any moment to subserve the purposes nature intended them for. Here in water, reside those two most important of all those substances, used by nature for the formation of organic bodies; and while thus stored away, furnishing a fluid, the physical properties of which are just such as are indispensable for the various purposes required by man.

In fact, the purpose of design is more manifest in water than in any other thing in nature. Whether we take cogni-

zance of it in its physical or chemical conditions, we see the same design connected with it ; and the more we study its nature, the more we are impressed with the conviction that it could not be altered in the least, without producing disorder in the animal and vegetable world. If the attraction of oxygen for hydrogen, or that of the latter for oxygen, were less or greater than their separation from the condition of water, would be either too easily effected, or else so firmly would they be locked together that the force exerted by animal and vegetable organizations, to separate them, would be ineffectual. And all of their combinations, from the alteration of their attractive power, would be either too intense or too tardy, thus destroying the beautiful balance they now maintain in the processes of nature.

A philosopher has beautifully remarked : "But cast that stone, lying at thy feet, into space, and the beautifully adjusted balance of this planet would feel its loss." It is analogous in the other forces of nature, for they are all so co-ordinated, that no one can be disturbed without it being felt in all the others, and thus destroying the integrity of them all. If the attractive force of a single element were otherwise than it is now, its adjustment in the link of nature's chain would be lost, and the beautiful balance of all things would be annihilated. Each substance has, therefore, its special place to fill, and its special object to subserve. It is gifted with certain properties in harmony with the place it occupies, and it could possess no other properties, without involving disastrous consequences in the entire chain of nature. If a single stone is thrown from the earth, its orbit must be altered in a ratio to the mass of that stone, and all the planets in space would feel its loss upon this earth. If, likewise, the properties of a single element were the least altered, all other elementary matter would feel the change, so delicately adjusted are the forces of matter. It is, therefore, necessary that water should contain eight parts by weight of oxygen and one part of hydrogen in its composition ; and that these substances should possess just the amount of chemical force they contain, else the balance of nature would not be sustained. And so it is with all those substances with which oxygen and hydrogen enter into combination.

Thus we see that organic and inorganic nature are not a heterogeneous assemblage of things, put together without reference to order, but that each little particle is held in the position it occupies in nature, by laws as immutable and unchangeable as is He who formed them.

NEW YORK, February, 1861.

ART. II.—*Diseases of the Heart.* By Prof. SCUDDER.

(Continued.)

Neuralgia of the Heart.—This affection is considered as but a modification of Angina Pectoris; yet it differs from that, in many of its symptoms, which go to show that the nerves of adjoining viscera are more or less affected. The disease is somewhat rare. I have seen but one severe case, and one in which the symptoms were comparatively mild.

Symptoms.—The disease frequently comes on slowly, the patient, for two or three days or more, complaining of a feeling of tension and dull aching in the region of the heart, with occasional sharp, piercing pains, which last but for a moment. When fully developed, there is a most acute, lancinating pain passing from under the left nipple, backward, to the spine, frequently radiating to the left arm, left side of the neck and adjacent viscera. The paroxysms of pain are almost instantaneous in their accession, lasting from a few minutes to an hour or more; when long continued, there are intervals of comparative ease, in which there is nothing but a feeling of tension and a dull aching. The disease is intermittent, recurring sometimes once or twice a day; at others, not for several days.

During the paroxysms, the action of the heart is frequently accelerated; sometimes irregular; rarely slow and labored. There is no morbid sound, unless the patient is somewhat anæmic, when there is slight *bellows*-sound on auscultation; respiration is rarely affected. The general health of the patient is frequently impaired at the commencement, or, if not, becomes so in a short time; appetite variable and capricious; bowels, constipated or irregular; skin and kidneys, fail to act

properly; patient, nervous and irritable, etc. Copland remarks, that the disease is of long duration; the shortest period in his cases was six or seven months; in one, where the interval between the attacks was long, it was many years.

Causes.—In some cases, we are unable to detect any predisposing cause; in many, however, there has been noticed an impairment of the general health, with derangement of the nervous system, produced by great and long continued emotional excitement, or by continued excesses. The exciting causes are such as produce neuralgia of other parts.

Treatment.—For the relief of the paroxysm, the treatment is simple, but most efficient:—

R.—Concentrated Tinct. Lobelia, 3 j.
Con. Tinct. Macrotys, 3 ij.

Give 3 ss. every ten minutes, until nausea is induced. Apply sinapism to the præcordia, as hot as it can be borne; and use the hot mustard foot-bath.

The treatment for a radical cure varies greatly, according to the condition of the patient and the peculiar character of the disease. I might say, treat the patient on general principles; but this would be indefinite—and some, have no principles in medicine. If the paroxysms recur with regularity, the patient living in a malarious region, we would expect to use Quinia with great advantage; and it would undoubtedly, in some cases, arrest the disease at once. Such cases, however, are rare. In all cases, normal action of the excretory organs should be obtained; the appetite and digestion, as well as the quantity and quality of the blood, improved, by the judicious administration of bitter tonics and Iron, exercise in the open air, avoidance of emotional excitement, and a carefully selected diet. If there be nervous exhaustion, the use of the Hypophosphites, with a small portion of Sulphur and Quinia, is very beneficial. To prevent the recurrence of the paroxysms, the agents named for its relief would be efficient, as—

R.—Con. Tinct. Lobelia, 3 j.
Tinct. Macrotys, 3 ss.
Tinct. Gelseminum, 3 j.
Tinct. Aconite, 3 j.
Simple Syrup, 3 vj.

Of which a teaspoonful might be administered, three or four times a day.

In many cases, there will be found tenderness on pressure, over the cervical vertebra, which should be removed by counter-irritation. The Irritating Plaster, applied over the region of the heart, has also proven beneficial.

Angina Pectoris.—This disease was first fully described and named by Dr. Heberden, in 1768, though obscure descriptions of it may be detected in the earliest medical writings. The heart is the organ principally implicated, though the respiratory organs are always involved. Much difference of opinion has existed in regard to the nature of the disease, some taking the ground that it was invariably caused by organic disease of the heart or arteries; others, that it was essentially a nervous affection. Post-mortem examination shows, that in a majority of cases, there is structural lesion of either the heart or large arteries; but in others, no such lesions exist. In forty-five cases, examined by Dr. Forbes, thirty-nine exhibited disease of the heart or great vessels; there was ossification or thickening of the coronary arteries, in sixteen cases; ossification or other disease of the *valves*, in sixteen cases; ossification or dilatation, or both, of the aorta, in twenty-four cases; and in twelve cases, there was preternatural *softness* of the heart. If we were not well aware that such lesions are frequently found in old persons, who have never exhibited the slightest symptom of the disease, we might look upon them as the proximate cause. I will, therefore, describe it simply as a nervous affection.

Symptoms.—Angina Pectoris is sometimes preceded by derangement of the digestive organs, deficient action of the excretory organs, and more or less oppression of the respiratory organs, which is generally spasmodic; but it as frequently occurs

without any premonition, when the patient is walking, especially when ascending a hill or flight of stairs, or at work, or during emotional excitement, or in the chronic form, even when asleep.

In severe cases, the patient is seized with painful constriction of the chest, especially in the cardiac region. The pain extends to the left arm, sometimes even to the tips of the fingers, and amounts to excruciating agony. It is accompanied with an almost intolerable sense of suffocation, convulsive dyspnoea, and palpitations; always with extreme anxiety and a sense of impending dissolution. When attacked, the patient strives to grasp some object to support him, and immediately stands still, feeling that motion would produce an entire suspension of living power. During the paroxysm, there is flatulent distension of the stomach, with a feeling of irritation, which is relieved by eructations. The pulse is generally weak, irregular, or intermittent; sometimes but little changed; rarely full, active and bounding.

The paroxysm continues from a few minutes to one or more hours; when induced by walking or other exercise, it is generally short, but exceedingly violent; when the patient is at rest, especially when the disease has assumed a chronic form, it is long continued, but mild. When the disease is of short standing, the paroxysms occur at long intervals; these are gradually shortened, until, in some cases, there is but little exemption from them.

"The *chronic* form of the disease," says Dr. Copland, "is characterized by the circumstance of its being frequently a consequence of the acute; by the occurrence of the fit, from the slightest causes, and after short or imperfect intervals of exemption; by its recurrence when the patient is at rest or asleep; and by its much longer duration, but less extreme violence. Even if this form be induced by exercise, rest has but little influence in shortening its duration, as in the preceding; and the paroxysm has been protracted, not only for some hours, but even for several days. Palpitation of the heart, irregular and intermitting pulse, are more frequently concomitants of this state of the disease, than of the other."

Causes.—This disease has been observed to occur most fre-

quently in persons of a rheumatic or gouty constitution; in those who lead an indolent or sedentary life, or who have been subjected to much and continued anxiety, or have been fast-livers, guilty of such excesses as impair the nervous system and powers of digestion. It is a disease of the middle-aged, and men are far more frequently attacked than women. The digestive powers are invariably impaired, though the condition of the stomach varies greatly; sometimes, torpor; at others, irritation; again, chronic inflammation. Digestion being imperfect, nutrition of structures can not be normal, which would, in some degree at least, account for the structural changes found in the heart; and especially for the perversion of innervation, which is the special feature of the disease.

Prognosis.—The prognosis may be considered favorable, if the case is recent, and there is no structural lesion of the heart. If, however, the constitution is badly impaired, with organic disease of this viscus, a radical cure can not be effected.

Treatment.—For the arrest of the paroxysm, the patient should be kept entirely quiet; warmth applied to the extremities, if necessary; or, if circulation is impaired, friction to surface, and stimulating applications to thorax. As an internal remedy, I believe no agent is more efficient than the Lobelia. In a very severe case, the administration of a teaspoonful of the Concentrated Tincture was followed by immediate relief in two paroxysms. Tinct. Gelseminum has been recommended, as has also Comp. Tinct. Cajeput, when the circulation is very feeble. A mild purgative, as Comp. Powder of Jalap and Senna, with some stimulating anti-spasmodic, as Tinct. Lavandula, Spiritus Ammoniae Aromaticus, Capsicum, etc., is advantageous, when the attack is passing off.

The treatment for the radical cure, will be very similar to that named for neuralgia of the heart. Especial attention should be paid to the condition of the stomach and digestive organs, the excretions kept free, the quantity and quality of the blood improved, and those special remedies employed which increase normal innervation. All exciting causes should be studiously avoided; the patient should be temperate in all things. As a means of warding off the attacks, the agents

named under the head of neuralgia, may be employed with much advantage.

Inflammation of the Heart.—For the purpose of better describing this affection, we may divide it according to the character of the disease, and its seat, into—1st, rheumatism of the heart; 2d, pericarditis; 3d, endocarditis; and, 4th, carditis. It is not always possible to diagnose the exact site of the disease, even when confined to one part, and in many cases, the inflammation affects, more or less, all parts of the viscus; but as the treatment for each is very similar, it does not make much difference.

Rheumatism of the Heart.—This is generally a metastasis of the disease, the patient having been affected with rheumatism of some portion of the body, it ceases or becomes modified, and the heart affection ensues. This, however, is not always the case, as it is a well established fact that it may attack the heart first; in some cases, no other portion of the body being affected.

Symptoms.—In the mild form, the patient complains of a dull, gnawing pain in the region of the heart, with, sometimes, occasional sharp, darting pains, which last but for a moment; there is a feeling of depression and anxiety, that the patient can not account for; frequently, a sensation of dyspnoea, and sighing respiration; in some cases, the action of the heart is strong, with marked impulse on thoracic walls; more frequently, it is feeble, the normal sounds being much lessened. The pulse is frequent, from 100 to 140 per minute; stroke, sharp and quick, sometimes irregular. There is no heat of the skin; frequently, coldness and pallor of the extremities, with irregular action of the excretory organs.

In severe cases, the patient experiences a violent pain in the region of the heart, of a lacerating or rending character; there is extreme anxiety, preceded or attended with chills or rigors. In a short time, reaction is so far established that the trunk becomes hot, but the extremities and face are cold, and the entire body is covered with perspiration, warm on the body, cold on the extremities. Respiration is performed with the greatest difficulty; the distress and agitation of the patient being extreme. "The patient feels every pulsation of the heart; rolls about, to

obtain ease, and presses his hand forcibly against the præcordia. The chest is elevated; the head thrown back; there is great thirst, but drink is refused on reaching the lips; and there is often loquacity, passing into delirium, as the disease advances." There is considerable variation in the pulse, but it is generally small, weak, irregular or intermittent, and very frequent. If the disease is not soon arrested, jactitation comes on, there is constantly recurring fits of syncope, continued delirium, and very soon death terminates the sufferings of the patient.

It will be seen from the above symptoms, that the *diagnosis* is tolerably easy. The *prognosis* may be considered favorable in a majority of cases, if the treatment is prompt and well directed.

Treatment.—In the mild form of the disease, we employ the direct sedatives, as—

R.—Tinct. Veratrum Viride, 3 j.

Concentrated Tinct. Macrotys, 3 iij.

Aquæ, 3 vj.

Give a teaspoonful, every half hour, until the frequency of the pulse is reduced, and the patient complains of a dull, heavy pain in the head.

The Mustard foot-bath, a large sinapism to the præcordia, and one to the spine, immediately opposite, is very important. These means will mitigate the sufferings of the patient very much, producing profuse perspiration. Then, to remove the materies morbi from the system, it is essential to obtain free action from the kidneys. In some cases, an infusion of Hair-cap Moss, with the addition of Citrate or Acetate of Potassa, so that from 3 ij. to 3 iij. will be taken in the course of twenty-four hours, will answer an admirable purpose. The old-fashioned formula:—

R.—Asclepias Tuberosa, Eupatorium Perfoliatum, aa 3 j.

Sanguinaria Canadensis, 3 ij.

Nitrate of Potassa, 3 ij.

Pulverize thoroughly, and give in 3 ss. doses, every hour or two, until nausea is induced, is remarkably efficient in all forms of inflammatory rheumatism. In some cases, it appears almost impossible to get secretion from the kidneys, they being extremely congested; the symptoms are generally evident; weight

and tension in the loins ; dull, heavy pain in the back, and a disagreeable sensation of heat and tenesmus in the urinary passages. In such case, we apply active counter-irritation to the loins, and for further relief, prescribe a brisk cathartic, as —

R.—Podophyllin, grs. iv.

Bitartrate Potassa, 3 ij.

Make three powders, and administer one every four hours.

In a severe case, our measures must be more active, and are somewhat different ; here, it will not, as a general rule, answer to use sedatives, until the heart acts regularly. I commence the treatment by the application of six or eight cups over the præcordia, drawing them well, and scarifying ; apply to the entire lower extremities, flannel cloths, wrung out in a hot infusion of Mustard, changing them every ten or fifteen minutes. Internally, one of the cathartic powders, named above :—and

R.—Concentrated Tinct. Macrotys, 3 iij.

Tinct. Lavandula Comp., 3 ij.

Syrupus Simplex, 3 iij.

M., and give a teaspoonful, every hour.

In the course of four or five hours, the patient can be turned upon his side, when I direct cups and scarification to the spine, over the entire dorsal region ; the number applied, depending upon the severity of the case. Then we can commence the use of the direct sedatives, and the additional treatment recommended for the mild case. The object we wish to obtain by the active treatment recommended above, is temporary relief for the over-burdened heart. That it will not do to use sedatives at first, is proven to my satisfaction by the fatal termination of three cases which have come to my knowledge, and one under my own observation, in which Veratrum was used at the commencement. The means I recommend will relieve the over-burdened organ, and then sedatives can be employed without danger.

In chronic rheumatism of the heart, I employ Veratrum and Macrotys, in suitable doses ; the Irritating Plaster to the præcordia, and, if there is tenderness on pressure, to the spine ; Citrate or Acetate of Potassa, as a diuretic ; the daily use of the alkaline bath ; the bowels to be kept in a soluble condition, and suitable bitter tonics and Iron, to improve the quantity and quality of the blood.

(To be Continued.)

PART SECOND.

SELECTIONS.

A Lecture on Unavoidable Parturient Hemorrhage; or, Placenta Prævia: being one of a Course on the Complications and Sequelæ of Labor. Delivered in the University Medical College, New York, by T. GAILLARD THOMAS, M.D., Lecturer on Obstetrics in the University Med. Col., N. Y.

GENTLEMEN: When the impregnated ovum, after having made its way down the fallopian tubes, falls into the uterine cavity, it is covered over by a tufted membrane called the chorion, which thus constitutes the shell of the foetal ball. This coming in contact with the thickened and congested uterine mucous membrane adheres thereto, and increasing in size, becoming vascular, and taking upon itself the duty of aeration of the foetal blood, receives the name of placenta.

This organ may be attached either to the fundus or the sides of the uterus as low down as the os internum, the influences which cause it to select one or the other part being entirely unknown to us. Should it take its origin from the fundus or sides of the organ, the foetus may at full term be expelled by the uterine efforts without its being disturbed; but should it be attached over or near to the cervix, the necessary dilatation of that part which must occur before the body of the child can pass, is almost sure to detach a portion of it, and thus give rise to hemorrhage. This unfortunate location of the placenta has received the name of "placenta prævia."

As was stated at our last meeting, the terms placenta prævia and unavoidable hemorrhage are used synonymously, the former appellation signaling the site of the badly placed organ, the latter the dangerous and almost inevitable complication which must result therefrom. By some authors, these cases

have been classed among mal-presentations under the name of "presentation of the placenta," an arrangement which has been adopted in the work of Dr. Tyler Smith, which I have recommended you as a text-book. This I think is incorrect, for the term presentation is universally accepted as the "part of the *fœtus* first appearing at the os uteri in labor," and in nowise refers to any of its annexæ. Beside, we have all of the evils of this condition when the placenta is so high up as to be out of reach, and some part of the child having passed by it, occupies the os.

The literal signification of the term *Placenta prævia*, and that which answers the best purpose practically, is, that the placenta is placed "*præ via*" before the way, and not as it should be in such a position as not to obstruct it; and the synonymous term "unavoidable hemorrhage," arose from the fact that even very old writers recognized the truth that such an attachment would necessarily result in that complication.

History.—Guillemeau, a pupil of Pare, Mauriceau, Paul Portal, Peu, De la Motte, Daventer, and many others, evidence such knowledge in their writings. All of them, however, with the exception of Portal, made a singular error in reference to this point, in supposing that the placenta was always originally attached to the upper part of the uterus, and had fallen from its place to the neighborhood of the cervix.

The acute perception of the gifted Portal did not allow him to fall into this mistake, and his views were subsequently adopted by Giffard and Roederer; but to Lerret, who wrote in 1756, belongs the credit of giving a full interpretation of the condition. At a later period, Dr. Rigby, of Norwich, England, availing himself of the knowledge thus made accessible, pointed out some important distinctions between the varieties of parturient hemorrhage, which have resulted in the improved and rational modes of treatment which will engage our attention to-day.

Exact Location of the Placenta.—To this part of our subject I feel anxious to direct your special attention, on account of its importance in a pathological point of view, and because I am led by careful reflection to conclude that most

of the obstetric writers whose works are made accessible to the American student, have promulgated views upon it which are erroneous. I say this with all respect, for I do not imagine these writers to be at all ignorant of what I am about to tell you; but the point appears to have escaped attention, and the error of one has been reproduced by the others until it has become as general, as the following quotations will show:

"The cause of the hemorrhage is evidently the separation of the placenta from the cervix uteri." *Churchill, Obst., Am. ed.*, p. 437. "If the feet present with only a partial implantation of the placenta or with it *coming to the margin of the os uteri only.*" *Ibid.* p. 438. "If the placenta be partially attached over the os uteri it is generally upon the anterior lip, which is much thicker." *Rigby, Obst., Am. ed.*, p. 346. "Under ordinary circumstances this effusion of plastic lymph has already attained such a degree of firmness and coherence as to prevent the ovum from passing beyond the uterine extremity of the Fallopian tube from which it has emerged; but in cases of placenta presentation it may be presumed that at this period the decidua was still in a semi-fluid state, had formed little or no attachment to the walls of the uterus, and had therefore no effect in preventing the ovum gravitating to the lower part or even to the mouth of the uterus itself." *Ibid.* p. 345. "The placenta may be attached over the whole of the os and cervix uteri, or it may be implanted over some part of the margin of the os so as only partially to occupy the aperture. The causes of placenta prævia have not been determined. It is probably produced by the impregnation of the ovum after it has descended to the upper part of the cervix uteri. This being the last point at which the ovum retains its capability of impregnation and attachment to the uterine surface." *Tyler Smith, Obst., Am. ed.*, p. 428. "We shall know the placenta by the fleshy fibrous and lobular sensation which it communicates to the finger, and by its being attached to the inner surface of the cervix uteri." *Ramsbotham, Obst., Am. ed.*, p. 375. "I mean that case which depends on the situation of the placenta happening to be on the cervix and os uteri." *Meigs Obst.*, p. 429. "The attachment of the placenta to the mouth of the womb is one of the most dangerous com-

plications to be met with in the practice of midwifery." *Collins, Obst.*, p. 59.

These quotations are sufficient to convince you of the opinions of British and American writers, and the statement which I made above applies only to them, the French and Germans not partaking in their error. *Now, I feel sure that in no case is the placenta ever attached to any part of the cervix or os uteri; that the walls of the cervical canal are always free; and that it is felt at the os, and projecting a little over it only after having been detached from above.* As I have not space to give a full exposition of my reasons for such an opinion, I will give, in as short a space as possible, the chief grounds upon which it is based:

1. The placenta is formed from the development of foetal tufts and decidua; there are neither decidua nor utricular glands in the cervix, and hence no placenta can form there.

2. It was formerly believed that as the uterus developed above, the cervix gradually disappeared by being spread out until its canal was merged into the uterine cavity, and the whole became almost globular in shape. In 1826, Dr. Stolz, of Strasbourg, pointed out the fact that the cervix does not thus spread out and disappear, but that it does so by an entirely different process, altogether independent of that of the uterus.

The view advanced by Stolz was, that as the cavity of the body of the uterus enlarged above, so did that of the cervix below, but that this cervical expansion begins at the os externum uteri and extends up to the os internum. Thus at the third month the upper part of the cervical canal is entirely closed, but at its lower portion a slight dilatation has begun which will admit the pulp of the index finger. This goes on extending upward toward the os internum, until at or about the end of the ninth month, the entire canal is so open as to admit the finger its whole length. Then the painless uterine contractions which come on at that time, cause the dilated canal to spread out, the os internum disappears, the child's head descends to the os externum, and all is prepared for the parturient effort which is soon to occur.

Now, if this is true (and I am fully convinced that it is), it

is evident that such a thing as attachment of the placenta to the walls of the cervical canal, is utterly impossible.

You may ask, however, why I deem this to be the correct view. I deem it so from having repeatedly examined pregnant women, *per vaginam*, with reference to the point, and from the fact that two post-mortem examinations, made by me, have substantiated it. So much for my deductions from personal observation. I also regard it as correct, because the profession in those countries where the greatest facilities for observation exist, are almost unanimous in that opinion. In France, classes of medical students are formed for the purpose of practicing what is called the "toucher," or touch by the vagina under the supervision of a teacher. A number of women, in different periods of pregnancy, are ranged around the room (*a la mode des compas*), and one after the other the students examine by the vagina, and endeavor to determine the fact and period of pregnancy. Such opportunities for determining the point about which we are speaking, are offered in few other countries. Now, is it probable that the profession enjoying them should be in error? Is it not highly probable, to say the least, that they would correctly determine the point, when *such a business* is made of one of the most reliable means for establishing the truth with reference to it? My impression is, that almost all the latest French authorities entertain the view of Stolz.

3. That the part of the placenta which is found at the border, and sometimes even beyond the border of the os, has been separated, has slid down into this position, and is not attached there, is evidenced by the fact that the finger of the obstetrician will, when examining, always detect a separation for a certain distance from the os externum. Examine Hunter's 12th plate, showing placenta prævia, and you will see in his description of it, that he is particular to mention the detachment of the placental mass over the cervical surface, although he believes that it was formerly there attached, and that its separation was the result of dilatation of the parts.

This, in great part, accounts for the view of the older writers—that the entire organ had fallen from its attachment at the fundus. All that part of the placenta which they touched

was detached, and they argued *ex parte dice omnem*. Had it been otherwise, could such men as Guillemeau, Mauriceau, and others, have been led into the error which they adopted?

The cervical attachment of the placenta, then, I believe to be imaginary, and regard that organ as attached, under these circumstances, to the segment of the uterine body, just above the cervix, and perhaps covering entirely the os internum.

Varieties.—If it be attached to any part of the lower segment of the uterus, the case is one of placenta prævia. It is, however, evident that the extent of the dangerous attachment must vary in different cases, thus: in one, only the edge of the organ may encroach on the forbidden ground; in another, the whole of one side of the segment may be covered; while in a third, the whole circumference of the segment just above the cervix, that is, just upon a level with the os internum uteri, may give attachment to it, and thus hanging like a veil across the uterine canal, it entirely seals it up. The first two of these cases would be styled partial, and the latter complete placenta prævia.

Frequency.—There is no class of cases in which the whole range of abnormal labors which causes in the mind of the obstetric practitioner the same apprehension and anxiety (I may almost say dread) as this, for so environed are they by dangers for both mother and child; so entirely unavoidable are these dangers, even under the best management, that the attendant, so far from being hopeful of gaining credit or experiencing satisfaction from their results, is generally happy to compromise with the rescue of only one life, and thus feel secure from complete discomfiture.

I would not be understood as stating that all hope of conducting such labors safely for both mother and child is to be discarded, but I wish you thus early to appreciate their extreme gravity and consequent importance; a conviction of which will surely come, when you examine the statistics which tell of the mortality which attends them. Such being their nature, it is most fortunate that they are of rare occurrence.

In 16,414 deliveries, Dr. Collins, of the Dublin Lying-in Hospital, met with only 11 cases, which, at a rough

estimate, would give us a proportion of about 1 in 1,500; according to others, however, it is supposed to occur as often as 1 in 500, which is just about half as frequent as face presentation, prolapse of the funis, and transverse presentation.

Mortality.—As the statements of authors differ with reference to the frequency of the occurrence, so do they as to the mortality of this complication. Perhaps the most reliable statistics at our command are those of Dr. Simpson, of Edinburgh, who, from a table composed of 399 cases, concludes that one in every three of the mothers has perished, which gives a mortality equal to, if not greater, than that of cholera, or yellow fever, in their most malignant forms.

Of the children, over one half, indeed, about two thirds, are supposed to be lost. What more can be needed to convince you of the necessity for a close investigation of this subject before entering upon the course of life which is, in connection with it, to invest you with so great responsibility?

Reasons for the fatality of Placenta prævia.—There must be, of course, some good reason why, in spite of all the resources of our art, so terrible a mortality should still be recorded. It is this: the very process by which nature accomplishes the delivery, destroys both mother and child; or, to make it clear by successive propositions:

(a) *The child must, sooner or later, be expelled.*

(b) *For this to occur, the cervix and lower segment of the uterus must dilate.*

(c) *Should they do so, the placenta will be detached, and hemorrhage occur.*

As each succeeding uterine contraction dilates the cervical canal little by little, so does each tear off the constricting placenta, portion after portion; and as each detachment weakens the woman, and injures the powers of the placenta, so does each increase the dangers for mother and for child, until, after a period varying according to circumstances, the foetal heart ceases to beat, and the exhausted mother sinks into a profound collapse. Her death is, of course, under these circumstances, due to loss of blood; but should she, even by the assistance of

art, overcome this danger, others, scarcely less imminent, await her. When the placenta has a præ-cervical attachment, the blood-vessels of this part of the uterus are immensely developed, and these being bathed by the lochial discharge which follows delivery, are very apt to take on the diseased action known as phlebitic inflammation, a condition which you know is most perilous to life. But, again: when art comes to nature's relief, she generally does so by the operation of version, which often results in rupture of the cervical structure, which is very liable to give rise to dangerous post-partum hemorrhage, or to inflammation of the surrounding part.

Lastly: even if the performance of the operation of version should ward off death by hemorrhage, and should itself result in no laceration of the cervix, it may destroy life by the shock which it produces.

You perceive, then, that the sources of death to the mother are numerous and palpable, and at once surprise at the maternal mortality begins to diminish. To give them at a glance, they are:

1. Exhaustion, from hemorrhage.
2. Puerperal metritis.
3. The occurrence of post-partum hemorrhage.
4. Exhaustion, from the "shock" of version.

There are only two sources of danger to the child, but, alas! these are prolific in results. It may die from asphyxia, the placenta being incapacitated to perform the function of aeration of its blood. The sanguinous system of the child does not furnish any of the material for the hemorrhage, as is sometimes thoughtlessly supposed; its vessels are shut off from those of the mother and are unbroken, but those of the mother which should bathe them and aerate the blood which they contain are ruptured, and the entire respiratory function of the placenta is impaired in consequence.

How much of a loss either mother or child will sustain, of course, can not be estimated, for a flow which would speedily affect and perhaps destroy a weak individual of either class, would not seriously inconvenience one of more robust constitution. When, however, a severe loss of blood has occurred from the placenta before delivery, always make a guarded

prognosis as to the child's safety, for children often die from a surprisingly small amount of hemorrhage.

When the woman dies from hemorrhage, it is generally from repeatedly recurring gushes, consequent upon successive placental discs being detached; but this is not always so, for sometimes a terrible and unexpected flow occurs which destroys life almost instantaneously, and this too from a detachment of a very small portion of the placenta. Thus, Dr. Hamilton relates a case of death from hemorrhage, where less than one square inch of placenta was found by post-mortem examination to be detached. In these cases, probably, some large vessel (perhaps the circular sinus of Meckel and Jacquemin, which passes around the circumference of the organ) has been opened into or broken across.

Symptoms.—The symptoms by which this unfortunate state of things will show itself, are these: During the last month of pregnancy the physician will be sent for very hurriedly by his patient, who will inform him that she has, without any assignable cause, such as a blow, fall, or effort, had a discharge of blood. Without much trouble, this will be controlled, or has ceased, before his arrival, and he leaves her. In eight or ten days, this is repeated, perhaps during sleep, or while sitting quietly, and thus it continues, at varying intervals, to recur until the period of parturition.

In other cases, no flow occurs until this time, and then it is observed to take place with each uterine contraction, and to cease almost entirely as it passes off. The flow which occurs before labor, is due to development of the inferior portion of the body of the uterus, which, in the last months, develops more rapidly than the placenta, while that occurring during labor is produced by active dilatation of the cervical canal. In a case thus complicated, a diagnosis must be made by the touch, and for this purpose let the entire hand be passed into the vagina, and the finger into the cervical canal, if the introduction of the finger alone into the vagina is not sufficient, which will often be the case when the placental attachment is high up.

The means of differentiating, unavoidable from accidental hemorrhage, were so fully given at our last meeting, that I will not further refer to them here, than to state that the three main

diagnostic signs are, the occurrence of hemorrhage before labor; its existence during, and absence after, a pain, and the discovery of the placenta by the touch.

Natural history of Placenta Prævia.—The course of cases of this complication, left to nature, and entirely uninterfered with by art, varies somewhat; as a general rule, however, the hemorrhage continues until the woman, exsanguinated and exhausted, falls a victim to the unchecked drain, before the delivery has been accomplished. Indeed, in a grave case, unless one of four propitious circumstances should interpose, there would be no reasonable grounds for hoping that the life of either mother or child would be preserved. The occurrence of one or more of them, however, sometimes averts the unhappy issue, and, in spite of the unfavorable nature of the circumstances, preserves the lives of both. Let us investigate the means by which nature, unaided, sometimes accomplishes what art so often fails to effect.

1. The presenting part of the child may be so forcibly driven against the bleeding surface that its vessels are mechanically closed, and the labor allowed to continue without further loss.

2. That part of the placenta attached nearest the cervix, is gradually detached, while that adhering to the body above, is left in place. The vessels of the placenta become plugged by coagula, while those of the uterus are closed by contraction of its fibers, and hence the flooding ceases, and as no further placental detachment is requisite, the labor progresses without danger.

3. The labor may be so rapid, that in spite of the hemorrhage which accompanies it, a safe delivery for mother and child is accomplished.

4. The entire placenta may, by the violent efforts of the uterus, be detached, and cast out of the vagina, when, as experience has taught us, the flow will generally cease entirely.

The mode of action of two of these processes in effecting the desired end, is so evident that they will need no explanation: that of the second and of the fourth, however, involves a few words upon the nature of the hemorrhage in placenta prævia. In a former lecture, I mentioned that a great deal

of discussion had occurred in reference to the surface, the vessels of which furnish the blood which is lost in uterine hemorrhage; some maintaining that it escapes from those on the face of the placenta (those on the uterine face being closed by muscular contraction), while others (constituting the majority) supported the view that very little had this source, and that the great mass comes from the uterine vessels, before contraction of that organ can effect their closure.

It would here be out of place for me to enter into this discussion, and I will merely state that my own conviction is, that from both surfaces, uterine and placental, flooding occurs; but that by far the most obstinate and dangerous loss arises from the former.

When the placenta is placed over or near the cervix, the first uterine effort detaches a portion, generally of inconsiderable size, and instantly a gush takes place from the severed vessels of the uterus and placenta. So soon, however, as a firm tonic contraction has occurred in the uterine fibers, the vessels of that organ are ligated by them; a slight flow from the spongy placenta still continues, but (as is clearly shown by examination of that organ after expulsion) clots soon form in the vascular mass and check the discharge. The next contraction, however, separates still more; another set of vessels are broken across, and another gush takes place. This, like the preceding one, soon ceases, to be again excited by another uterine effort, until at last the birth is accomplished, or, as is more likely, the patient, if unaided, dies exsanguined and exhausted. So long as the placenta remains in part attached over, or near to, the cervix, these successive separations and consequent hemorrhages will occur, and nature is possessed of two means for obviating the continuance of this dangerous condition—she either separates that portion of placenta attached nearest the cervix, leaving that above still adherent, or by a powerful effort, throws the entire placenta from its place, and casts it loose into the uterus or vagina. The second of the means by which she exerts her *vis medicatrix* has long been known; the recognition and enunciation of the first, in 1844, has inscribed the name of Dr. Barnes, of London, on the page which shall henceforth describe the treatment of placenta prævia,

by the side of those of Portal, Levret, Rigby, Wood, and Simpson.

These are the means by which nature may conduct these distressing cases to a happy issue; but these are all, and should one of them not be spontaneously brought to her aid, the death of mother and child would soon occur unless she were succored by art.

Indications for Treatment.—Let us, at this point, briefly examine some of the data of our subject. It is necessary that a bulky body should pass through a gateway, the opening of which is as necessarily accompanied by danger. What are the means by which the passage may be safely accomplished? I know of but two: first, to hurry the passing body through as rapidly as possible, so as to curtail the duration of the dangerous agency as much as possible; second, to remove the element of danger or quell its activity, so that the gateway may be slowly and safely opened. This is a homely illustration, but on that very account, will answer my purpose. Applying it directly to our subject, you will readily agree that the indications are,—

1. To deliver the child as soon as possible, and thus prevent the necessity for *gradual* dilatation of the os and cervix; or,

2. To alter the state of affairs at the cervix, so that gradual dilatation may go on without producing hemorrhage.

On these two principles hang all the methods by which nature rescues the patient from impending death; on these two precepts depend all the reliable methods of treatment ever devised for her assistance by art; in treatment, we only imitate nature by developing one or more of the principles which she has pointed out to us.

The speedy delivery which the great vigor of the uterus sometimes accomplishes, we effect by version (or the forceps, should they be applicable, as is rarely the case); closure of the bleeding vessels by direct pressure, we produce by artificial evacuation of the liquor amnii; and partial or complete separation of the placenta, we imitate by two methods which I will now proceed to mention.

The first is that advised by Dr. Barnes, who, in 1857, recommended the practice of separating, by the finger, only that part

of the placenta attached to the cervix, and leaving that attached above this point, still adherent. All that separation, which must necessarily occur to admit of the passage of the child, is thus accomplished at once; succeeding uterine efforts do not affect that portion attached to the body; and tonic contraction of the uterine fibers, closing the open vessels of that organ, while coagula do the same for those of the placenta, the labor may proceed without further loss or assistance.

Dr. Barnes supports this practice by abundant clinical facts, and although my own experience with it is very limited, I do not hesitate to recommend it to you as a means in every way calculated to prove highly advantageous and preservative to life. The second method consists in the detachment of the entire placenta before the birth of the child. The practice was recommended, according to Tyler Smith, first, by Dr. Chapman, of Ampthill; subsequently, by Kenderwood and Radford, of Manchester; and, lastly, falling into the able hands of Simpson, of Edinburgh, has been illuminated by his powerful genius, and now stands a well recognized and most useful aid in contending against these fatal cases. One objection to it, of course, is, that it almost entirely cuts off the child's chances for life; but unfortunately, in many of these cases, so grave are their consequences, that this is a matter of secondary consideration, and it will often answer a most excellent purpose.

In my last lecture, in speaking of the treatment of accidental parturient hemorrhage, I admonished you of certain *principles* which should be developed, and advised you to resort to the simplest; first, find out whether this would not be effectual, and if not, pass on to those which are more efficient. In the treatment of placenta prævia, such counsel would be dangerous, for as there are surgical hemorrhages in which it would be futile to tamper with styptics, pressure, etc., but would be necessary to resort at once to the ligature, so here the cases are too grave to admit of temporizing, and only a most powerful means can be relied on. The methods of treatment, by which, as I have told you, the obstetrician is enabled to imitate the preservative actions of nature, are these:

1. Version.
2. Partial separation of the placenta.
3. Complete " " "
4. Rupture of the membranes.
5. The tampon, if forced to wait.

To have a clear and distinct picture upon your minds of the circumstances which will demand one or the other of these, I will suppose two cases; one, of a very grave character; the other, accompanied by no very alarming flooding, or other unfavorable symptoms. Let me remind you, however, that the majority of cases will represent grades between these extremes, and will require modifications of the rules given for them, which nothing but the judgment of the practitioner can determine.

Management of a Case of Grave Character.—In a case of placenta prævia, accompanied by serious hemorrhage, no time is to be lost in trying the lesser means, but delivery should be accomplished as soon as possible. Should the patient's strength be sufficient to bear the operation, the child be living, and the os uteri dilatable, turn without delay.

Should her exhausted state, or the death of the child, render the operation in the first instance too hazardous, in the second useless, as far as the infant is concerned, we are prevented from resorting to the first indication which suggests itself, and betaking ourselves to the second, separate a part or the whole of the placenta; a part, if it is found sufficient—the whole, if it is not.

If a rigid state of the os prevents us from turning a child which is still living, it would be well, if the woman would bear a further loss, to await the time when that part will dilate before separating the placenta and destroying all the chances of the fœtus for life. While doing so, however, it is well to place our patient as much as possible out of danger, and to hasten the period for which we wait. To that end, partial separation of the placenta should be effected, and a sponge saturated with a solution of the perchloride of iron, placed against the os, and kept there by filling the vagina with a tampon or plug, which accomplishes in itself both objects. Better still than a tampon, the instrument called the colpeurynter might be used; or, in place of it, a hog's bladder, tied to the end of a self-supplying

syringe, introduced, in a collapsed state, into the vagina, and then filled with water, may be employed. But, remember, this is only temporising, and that it merely prepares the way for the fulfilment of an important indication which it by no means effects itself. Thus you see, that after all, the principles of treatment narrow themselves down to these: first, to deliver at once; second, to wait until the state of the parts will allow you to do so; third, to so alter the state of affairs at the outlet of the womb, that the natural expulsion of the child may occur without danger.

You observe, that in certain cases, you will have to decide between complete separation of the placenta and version, while partial separation may be tried in any case. These are the circumstances which should determine your choice:

<i>Version is preferable,</i>	<i>Separation of placenta is preferable,</i>
When the child is living ;	When the child is dead ;
At full time ;	Before the full term ;
When the patient's strength is good ;	When patient is exhausted ;
When the soft parts are dilat- able ;	When the soft parts are rigid ;
When pelvis is not deformed ;	When pelvis is deformed ;
In multiparæ.	In primiparæ ;
	During epidemic of puerperal fever.

It has been objected to separation of the placenta, in cases where the soft parts are rigid, that if the hand can be introduced for that procedure, version would be practicable. This is not, I think, without reason; but, in certain cases, two fingers will be sufficient to detach the after-birth; and even if it required the whole hand, it would be much less dangerous to stretch a doubtful os for its admission to the wrist, than for the introduction of the entire forearm and subsequent extraction of the child.

There are, I would have you particularly remember, few points to be decided in the practice of obstetrics which call for a greater amount of judgment in their decision than the period at which version should be performed in placenta prævia; and there can be no question as to the fact that its decision will often determine the fate of the patient. If, on the one hand, it

is performed too soon, a laceration of the unyielding os may take place, and the woman be exposed to the great risks of post-partum loss from the immensely developed vessels at the placental site, as well as to those imminent ones of phlebitis; while, on the other, if too long delayed, her forces will become so exhausted that the shock of the operation will produce death. Thus, like the pilot whose difficult task it was to sail between Scylla and Charybdis, the obstetrician must keep these two dangers ever before his eyes in solving this delicate problem, the importance of which may be estimated from a statement of Dr. Simpson, that nearly the same proportion of women appears to perish from one as from the other set of troubles.—*Simpson, Obstet. Works*, vol. i., p. 694.

And while upon this subject, it will be well for me to guard you against a very prevalent error that, whenever version is called for by the loss of blood attending placenta prævia, this loss will itself render the parts yielding and dilatable, an error which has received the sanction of no less a name than that of Francis Denman. For that very reason, it should be refuted; and to do so, I will merely refer you to the positive assertions of Drs. Davis, Hamilton, Simpson, Ramsbotham, and Lee; and to show you how important the fact of the danger of forcing a rigid os, even when death is at hand, has been deemed by some of our most reliable guides in practice, I will read from Drs. Pen and Collins. The first remarks that, "to force and dilate the internal orifices of the womb, is just so many deaths produced;" and the second, "I know of no circumstance so much to be dreaded as the forcible introduction of the hand where the parts are in a rigid or unyielding state." All this applies especially to primiparous women, in whom the parts are always more rigid and liable to laceration than in multiparæ.

Management of a Case of Placenta Prævia unaccompanied by Grave Symptoms.—In case hemorrhage is very slight, and there is no cause for immediate apprehension, there is no necessity to resort to means which carry danger with their efficiency, but temporising judiciously (and never losing sight of the patient while doing so), the obstetrician may resort to minor means first. Thus, if the placenta is placed laterally, the membranes may be ruptured in the hope that pressure from

the child's presenting part may check the flow. Should this fail, Barnes' method should be employed, or they may be used conjointly; after which, should the flow continue so as to require aid, version should be resorted to, under the restrictions mentioned just now; or, if the head is within reach of the forceps, they should be employed instead.

As already stated, in the performance of Barnes's method and entire detachment, the hand must be introduced entirely into the vagina, and the fingers into the os. Should the state of the os not permit even this, of course plugging the vagina and waiting would be all that we could do.

Should the placenta be placed directly over the os, and so obstruct it as to preclude the determination of the position of the child by the touch, determine this as well as you can by palpitation of the abdomen, and by auscultation of the foetal heart. If, from such a cause, you are forced to turn without knowing the position, always do so with the left hand, as the occiput is much more commonly directed to the left acetabulum, than to any other part of the pelvis; and that hand would be applicable to such a case. In passing the placenta, thus obstructing the os, do not waste time in breaking through that mass, but slip the hand between it and the uterine surface.

Before leaving this important and very interesting subject, gentlemen, I will give you, at a glance, the various modes of treatment adapted to special cases, which will be recapitulatory of the whole of the foregoing remarks upon treatment:

A SYNOPSIS OF THE TREATMENT OF PLACENTA PRÆVIA WITH
COPIOUS HEMORRHAGE.

- | | | |
|---|---|--|
| 1. Os dilatable and
woman not exhausted. | { | Deliver immediately, by version or
the forceps. |
| 2. Os dilatable and
woman exhausted.* | | Detach a part of the placenta,
and should this not be sufficient, the
entire organ; apply styptic, and stim-
ulate. |

* By the term "exhausted," I mean that the patient's state is such as to render operative procedure dangerous.

- | | | |
|--------------------------------------|---|--|
| 3. Os rigid and woman not exhausted. | { | Detach the portion of the placenta nearest the cervix, and, if necessary, apply styptic and tampon, or colpeurynter. |
| 4. Os rigid and woman exhausted. | { | Detach part or the whole of the placenta, apply sponge saturated with perchloride of iron, and support strength by stimulants. |

Those modifications which should be made in these rules, when the hemorrhage is slight, have been already sufficiently stated.—*American Med. Times.*

A new Operation for the Radical Cure of Hernia. By J. J. CHISHOLM, M.D., Professor of Surgery in the Medical College of South Carolina. (Reported by H. Baer, Student of Medicine.)

Few subjects have engaged so much attention within the last few years, both among European and American surgeons, as this of the "Radical Cure of Hernia." This is due, doubtless, both to the exceeding frequency of this disagreeable condition, as also to the various methods recently proposed for effecting such a cure. Gerdy, among modern surgeons led the way; Wutzer, Rothmund, Schuh, Langenbeck, and others, improved upon his method. All these operations propose to effect the cure by inserting a plug into the inguinal canal, and by the irritation thus produced, to excite sufficient inflammation in its coverings, to obstruct, if not to occlude this canal. Each new operation, in its turn, claimed the most splendid results. The successful cases were published by hundreds; but the thousands of failures were unheard of. This was, doubtless, owing to the fact, that these results were always published soon after the operation; too early to decide positively, whether they would be permanent or not, for the deposit of lymph forming the adhesive bands is very apt to be absorbed, and upon any unusual muscular exertion or "strain," the hernial protrusion reappears, very much to the dismay both of patient and surgeon. Indeed, we may not venture too far in asserting, that the successful cures are, perhaps, generally, cases where the lesion is of recent occurrence, or in individuals but little exposed to

undue muscular exertion, and who would find sufficient relief and protection from a good truss. Wutzer's operation is applicable only in recent, small, oblique herniæ; and where we can select our cases, we, perhaps, may be rewarded with a success of fifty per cent.; but in average cases, failure is the rule, and a radical cure the exception. Nor is this all; for in many cases of failure after this operation, we have the canal more dilated than before, and hence a greater hernial protrusion. This operation, and the principle upon which it is based, are now generally discarded, owing to the fact that Mr. Wood, of London, some two years ago, discovered and published a new and far superior method for effecting the same end. He makes a small subcutaneous incision in the upper and anterior portion of the scrotum, dissects the fascia, and invaginates it into the inguinal canal, then passing a needle with thick thread through three points in the canal, viz: the conjoined tendon, the triangular fascia, and the external pillar of the ring close to Poupart's ligament. The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same opening in the skin of the groin. A compress of glass or wood is then tied firmly upon the axis of the canal, by passing the ends of the ligature through the loop, and tying over the compress. The advantages of this operation over all its predecessors are obvious, and its successes in a high degree encouraging. It is adapted to inguinal herniæ of every variety, large and small, old and recent, direct or oblique. Even in case of failure, the patient would be in a better condition than before the operation.

Dr. Chisholm, Professor of Surgery in the Medical College of South Carolina, after seeing Dr. Wood operate in June, 1859, thinking that the incision in the skin was unnecessary (as the invagination of the fascia alone did not obviate the objection Mr. Wood expected to meet by this process, viz.: the prevention of any dragging upon the invaginated scrotum), modified that operation, first, by invaginating *without* incision, as in Wutzer's; and secondly, by only making two punctures instead of three, Dr. Chisholm believed that a single loop passed from without through the two columns would be sufficient to obliterate the ring, and keep the columns in appo-

sition, until the lymph effused in the site of the thread would cause adhesion, and permanent obliteration of the ring, restoring the external oblique to its primitive condition, before its fibers had been forced asunder by the protruding body. The first case operated upon in this manner was in November 18, 1859, and the operation has been often since repeated, both by himself and others in this city, with the best results. Dr. Chisholm published this operation in the *Charleston Medical Journal* for May, 1860. In the *London Medical Times and Gazette* for February 4, 1860, two cases are reported by Messrs. Curling and Ferguson, adopting nearly the same modification upon Wood as this of Dr. Chisholm. The honor of priority, however, belongs to the American surgeon, Dr. C. having operated November 18, Mr. Curling December 1, and Mr. Ferguson December 17, 1860. Other modifications of this operation have since been suggested, but of minor importance, such as the different curves of the needles employed, the clamp upon which the ligature is fastened externally, as also the material used for the suture. Although Wood's operation is a great improvement upon all previously devised, it still has its disadvantages. Even if we overlook the incision which complicates the operation, and would deter many from availing themselves of its advantages, we still have the length of time necessary to keep the patient in bed—not less than from twenty to thirty days; after that, a truss has to be worn for a considerable period, to counteract any undue pressure upon the recent inflammatory agglutinations. The suppurations from the sutures, and the continuous pain connected with the inflammation, are likewise disadvantages. These and other considerations, have induced Dr. Chisholm not to rest satisfied with the successes gained, even by his modification of Wood's operation, but to add a still greater improvement, simplifying the entire procedure, and obviating nearly all the objections which have been, or may be urged to Wood's.

The new operation is as follows:

The scrotum having been invaginated upon the finger, as the only mode of guiding the needle in its passage—a long strong curved needle, fixed firmly in a handle, and armed with silver wire, guided by the finger, transfixes the scrotum at the apex of the invaginated portion, passes through the internal

column, and appears through the skin of the abdomen, when one end of the wire is drawn out. The point of the needle is then drawn backward, and disappears again in the canal. Its direction is then changed. While still imbedded in the scrotum, and guided upon the finger, its point is made to traverse the external column of the ring near Poupart's ligament, lifting the skin of the abdomen. By gliding the skin upon the needle, the point appears through the small puncture made by the first passage of the needle; when the other end of the wire is seized, the needle is unarmed and withdrawn through the scrotum.

The finger is now removed from the canal, and the two ends of the wire being drawn upon the loop dissect the cellular tissue up to the columns, which it hugs closely. By twisting the two ends of the wire the columns are felt approaching, until they are brought in such close apposition as to allow nothing to pass between them—the spermatic cord, in its exit, filling up all the available space remaining of the ring. When the ring is felt closed, the twisted wire is drawn firmly outward, and clipped off as close as possible to the skin, so that when the traction on the skin of the abdomen is removed, the gliding back of the integuments to their normal position, conceals completely the ends of the small loop of silver wire. The scrotum has already fallen back to its pendent position, and the only trace of an operation having been performed is in the two small punctures, one on the scrotum, the other in the abdomen, which require a careful search to find them, and which will heal up in a few hours, hermetically incarcerating the silver wire.

A moderate inflammation follows this operation, without much swelling or pain, and without any fear of suppuration. The wire is soon imbedded in a lymph deposit which will not only inclose it, thus isolating it from the tissues, but at the same time agglutinates the columns together as an additional security to the success of the operation. The patient is kept quiet in bed for four or five days, until the inflammatory stage passes; opium having been given to insure rest, and prevent any action on the bowels. When the inflammatory stage has passed, a cathartic is administered, and the patient can quit the bed, and in a few days resume his occupations. The silver

wire remains as a permanent application. An essential element in the success of the operation is that the loop encircle the columns of the ring near their points of attachment to the pelvis; otherwise the columns can not be approached, the ring remains open, and the results can only be negative. If this step of the operation be carefully followed, a radical cure may nearly be guaranteed.

The advantages of the operation are as follows: the patient is not detained in bed on his back for three or four weeks, as in Wood's or in Wutzer's. No excess of inflammation is to be apprehended. No subsequent use of a truss is required, and there is no fear of a return of the rupture from the giving way of the recently formed, but still delicate adhesion, through any undue muscular effort on the part of the patient, for the reliance is upon the silver bond—the surgeon having provided his patient with a never-failing silver truss. The operation is applicable to herniæ of every character. When the protrusion is large, and the ring voluminous, several points of suture might be applied, through the same puncture in the scrotum, and skin of the abdomen, taking advantage of the facility of gliding these integuments over any portion of the external abdominal ring.

The objections which may be urged against this operation will probably be, that the silver wire will always act as a foreign substance; but from the experience of Drs. Sims, Simpson, Moffatt, and others, we may assume that this is not the case, and from experience in its application in hernial operations, we know that it can remain harmlessly imbedded in the tissues for any length of time. Of course, flax or silk sutures can not be used in this subcutaneous operation. Another objection perhaps may be, that the cut-off twist of the wire will irritate and ulcerate the skin. But this has not been found so, for the skin here is very loose, and, therefore, not so liable to be injured by a small foreign body beneath it; and we have every reason to believe, that a deposit will soon encase it, and render it permanently innocuous. These views were first practically carried out upon the living subject, November 17, 1860, at the surgical clinique, in the presence of the class, and a number of professional gentlemen. Three cases have since been operated upon. And as herniæ are exceedingly common

lesions among the laboring negro population of the southern states, and as the carelessness of this class of people renders the advantages of a truss nugatory, ample opportunity will be afforded of testing in time the validity and superiority of this operation over all other modes of radically curing inguinal hernia.

On the Use of Stimulants in the Treatment of Continued Fever.—By Dr. TWEEDIE, Physician to the London Fever Hospital, etc.

Speaking upon this subject in his recent Lumleian lectures before the Royal College of Physicians, Dr. Tweedie says:

“It is always necessary to watch the effects of the first few doses of wine, and if the pulse abates in frequency, becomes soft and fuller, the tongue moist, and the heat of the skin not increased; and, when there has been delirium, if the patient becomes more calm, and has intervals of sleep, we may feel sure that the wine is doing good. On the other hand, if the pulse increases in frequency and strength, the skin becomes hotter, and the patient restless, flushed, and excited, with throbbing of the temporal and carotid arteries, we may consider either that wine is not suited to the case, or has been given too early, and should, therefore, be withdrawn. But, as a general rule, it is perhaps better to give wine a little too early than a little too late, since if it appears to disagree, it is easy to suspend its use; but it may be very difficult to restore the vital powers if they have been allowed to remain too long unsupported.

“Nor should the wine or brandy be discontinued until convalescence is fairly established; but as the symptoms for which the stimulants have been prescribed disappear, the quantity should be gradually abridged by giving smaller portions and at more distant intervals.

“In regard to the amount of wine and alcoholic stimulants that may be administered in typhus, no precise rules can be laid down, as the ever-varying circumstances presented by individual cases can alone determine this. It is prudent to begin

with half an ounce or an ounce, and to repeat this amount at longer or shorter intervals, according to the effect produced. From six to twelve ounces may be considered to be an average daily allowance, but sometimes it is necessary to give two or three pints, or even more, in twenty-four hours, and it is surprising to observe, without the slightest intoxicating effect, even when the patient has been previously unaccustomed to stimulants. Indeed, in low fevers, the exhausted state of the nervous system appears to be antidote to the effects of stimulants—in short, to create a tolerance of wine and diffusible stimulants.

“The wine should always be conjoined with nourishment, in order to assist its due assimilation, though in many cases the digestive powers are so feeble that they are unable to elaborate even the lightest articles of food, and, therefore, the wine or brandy may be given simply diluted with water.

“I have just alluded to the daily quantity of wine that it may be necessary to prescribe in typhus, and stated that no precise rules can be laid down, as the circumstances of each case must determine it. You are doubtless aware that there is a great tendency in the present day to revive the Brownonian system, which flourished for a time in the latter part of the last century, in all acute diseases, including fevers, without regard to individual peculiarities. The doctrine inculcated by some teachers with respect to inflammation is, that this process being a deranged nutrition, involving supply and waste, and the waste being considerable while the inflammatory process lasts, there must be a compensating supply; that as the supplies for the formation of the abnormal products of pus and lymph must be drawn from the blood, or from the tissues, or from both, the vital powers become exhausted, in proportion to the organic disintegration that takes place. Hence it is concluded, that the more the inflammatory process draws upon the blood, the greater will be the exhaustion of vital force, and the consequent effect upon the whole frame.

“Upon this physiological theory of the phenomena of inflammation, is based the overthrow of established therapeutic principles, on which the treatment has been for ages conducted. But surely even the abettors of this theoretical view must admit that the object of treatment is to anticipate or prevent those so-called destructive processes: in other words, to pro-

mote resolution by all available means. Is this to be accomplished by extravagant doses of wine and brandy, regardless of the every-varying condition of the sufferer or period of the disease?

“Similar reasoning is adduced in regard to the phenomena of fevers, whatever be their type or special circumstances. It is against the indiscriminate employment of stimulants in fever that we protest, being convinced that their proper administration requires as much consideration as is generally bestowed on other measures employed as curative agents.

“The enormous quantities of wine and brandy recommended in even the early stage of fevers, whatever be the form, the individual circumstances, or whether there be local affections present, have often surprised me, and inclined me to doubt the accuracy of the statements. I have certainly seen intercurrent inflammations materially aggravated by the injudicious stimulation adopted, and on more than one occasion all the ordinary characters of acute delirium tremens supervene when the unlimited administration of brandy had been left to the discretion of a nurse, who fancied that she was only obeying instructions when she poured down dose after dose of pure brandy. There is surely no practical philosophy in such indiscriminate abuse of a really valuable remedy when given on rational principles; and I deem it the duty of every physician who is convinced of the dangerous tendency of the Brownian doctrine applied indiscriminately in the treatment of diseases, acute as well as chronic, to express his opinion boldly and decidedly, that the young and inexperienced practitioner may be warned of the dangerous consequences of this recently revived doctrine. * * *

“Let me also allude to the importance of giving the wine at stated intervals, and only when the excitement is moderate. It is especially necessary to give it during the night, when there is often great exhaustion. A dose of wine judiciously given at this diurnal period is often followed by calm, refreshing sleep; and hence the incalculable advantage of an interested, experienced nurse, on whom so much responsibility—indeed the life of the patient—often rests.”—*Lancet*.

PART FOURTH.

EDITORIAL.

PROPYLAMIN.

This agent is said to be obtained from *Herring-brine*, by some kind of chemical manipulation. Why our pharmaciens should have thought of experimenting on this offensive offal, to obtain an agent in the *Materia Medica*, it is hard to imagine; but as they have presented us with it, it becomes our duty to determine its applicability in the treatment of disease. Propylamin is a yellowish liquid, having a mawkish, disagreeable taste, and an intolerably fœtid, offensive odor. It has been recommended, I believe, in the treatment of but one disease—rheumatism.

I have experimented with this agent for about one year, and profess to give nothing but the results, as observed by me. These, it will be seen, differ somewhat from the published statements in regard to its action. I employ the remedy in this form:—

R.—Propylamin, 3 j.
Syrupus Simplex, 3 vj.

Medium dose, 3 ss., every three hours. Maximum dose, 3 j., administered the same.

The remedy was highly recommended as a *specific* in what is termed *acute inflammatory rheumatism*. In such cases, I employed it first. In three of the cases, it appeared to produce but little influence, except slight acceleration of the pulse, and increased irritability of the patient. In four cases, there was marked disturbance of the nervous system; in two of these, delirium, with a frequent irregular pulse, and rapid prostration. In neither of the seven cases, was there the slightest abatement of the disease.

I have employed it, however, with marked advantage, in

this form of the disease, when sedation had been produced, and the secretions established by the use of other means. Its effects are most conspicuous in those cases where the acute symptoms have been arrested; the parts affected being still swollen, stiff, and painful on motion, it relieves the patient rapidly. In chronic rheumatism, it may be employed with advantage, only when the secretions from the skin and kidneys are free.

It is my opinion, that Propylamin can not be used with safety, unless excretion is free; otherwise, it will give rise to decomposition of the blood, and the production of *typhoid* disease. This is but my opinion, and I am as well aware as any one, that one year's employment of a remedy, by a single person, can not establish its value. My correspondent in Missouri, can be assured that the agent does possess medical properties; and in certain cases of rheumatism, can be used with advantage. It is not, however, a *specific*.
s.

CHRONIC NEPHRITIS.

Another correspondent wishes me to give him my treatment of this disease, by letter. As he did not, however, send stamps to pay postage, the readers of the Journal may have the answer:—

Chronic Nephritis is a disease that progresses slowly, but will as surely terminate fatally as consumption, if not arrested by appropriate treatment. Its causes are various; an acute inflammation, arrest of other excretions, kidneys being overworked, the free use of stimulating diuretics, the extension of disease from the bladder or other parts of the urinary apparatus, etc. It generally occurs in persons of middle age, who have impaired their health by hard work, mental or physical, or by excesses. One or both kidneys may be affected.

Symptoms.—The patient applies to the physician, on account of the general impairment of the health and derangement of the digestive organs. On examination, we find the appetite is poor; food, when taken, does not digest well, and causes un-

casiness; the bowels are constipated; skin, dry and harsh; patient is irritable and restless, and does not sleep well at night. Upon closely questioning the patient, we find he has experienced a sensation of weight and tension in the loins, with sometimes dull, aching pain, and tenderness on pressure; frequently we find tenderness on pressure, over the lower dorsal and lumbar vertebræ. Sometimes there is sensation of heat in the urinary passages, with frequent desire to micturate; occasional retraction of testicle, with pain in testes or glans-penis. The urine varies greatly; it is generally, however, small in quantity, and highly colored, depositing a brick-dust sediment; rarely it is normal in quantity, has an alkaline reaction, is frothy, containing mucus, epithelium, albumen, or an excess of the phosphates. The disease presents periods of aggravation, generally from exposure to cold, or excess in diet; when all the symptoms are increased. One of the most prominent signs of the disease, we find in the appearance of the tongue, which is somewhat enlarged, covered with a whitish fur, harsh, and fissured, the depth of the fissures generally corresponding with the severity of the disease; in its latter stages, a dark sordid is deposited in them.

The disease continues in this way, from two or three weeks to several months, the patient being able to go around, and frequently to attend to his business; but with scarcely any premonition, he becomes bedfast; the pain and weight in the loins become severe; urine, very scanty, and passed with pain; the pulse is small, contracted, and unequal; extremities are cold; countenance, contracted, and of a leaden or murky hue; coma comes on rapidly, and the patient dies.

Treatment.—The indications are plain—to relieve the kidneys, by getting free secretion from the skin and bowels, and by counter-irritation, and then to arrest irritation, and favor the action of the kidneys. First, to get secretion from the skin, we employ the alkaline bath, once or twice a day, with brisk friction. If there is coldness of the extremities, Tinct. Capsicum, added to the bath for the extremities, so as to produce warmth, and a redish blush, to the skin, is very important. If there is great torpidity, the same agent, or Mustard, should be used in the general bath. Internally, I employ infusion of As-

clepias, with a small quantity of Lobelia; or, in place of the latter, Tinct. Veratrum Vir., in doses of one or two drops, every two or three hours. If there is much irritation of the stomach, an infusion of Peach-tree bark, with counter-irritation, to the epigastrium. To induce normal action of the bowels, nothing answers my purpose as well as a strong infusion of Leptandra, in wine-glassful doses, every four hours, until one evacuation per day is produced. The Irritating Plaster over the kidneys, is the best counter-irritant. This treatment should be pursued, until secretion from the bowels and skin are at least partially restored, before any diuretics are employed. Then, to relieve irritation of the kidneys, and gently favor their action, I employ infusion of Hair-cap Moss, with the addition, sometimes, of decoction of Taraxicum. Add to this, the necessary tonics and Iron, as the patient convalesces, and the treatment is complete.

I have named but few remedies, yet they have proven efficient, and if we replace them, it must be by agents possessing similar properties. *

S.

LECTURE ON PLACENTA PRÆVIA.

We hope every reader of our Journal will peruse the lecture on this subject with great care, for in it will be found the embodiment of most of the medical literature on this subject.

Placenta Prævia occurs so rarely, that the general practitioner finds himself illy prepared to assume the responsibilities of such a case. How important, then, that all should be so familiar with the experience of men whose opportunities have enabled them to form correct opinions, and lay down the true system of treatment; and thus be prepared to meet the dangerous indications, as presented. Such knowledge alone, in the few cases that do occur, may save the lives of those thus imperiled.

A very interesting case of this kind was recently brought before one of the courts of our city, in an action where it was charged, that the physician in the case did not discharge his duty. After a full and fair investigation, it was found, in this

instance, that the rules of the standard authorities had been observed, and that the doctor's practice was fully sustained, not only by the authorities, but in the opinions of the medical men who testified in the case. N.

TO CORRESPONDENTS.

I have received letters of inquiry in regard to disease, and the action of remedies. One was answered by the article on *Diphtheria*—several, by the series of articles, now publishing, on *Diseases of the Heart*, and two in the present number. If the subscribers of the Journal desire, I will continue to answer such inquiries, to the best of my ability. We intend, the present year, if possible, to make the Journal more instructive than ever. It was, for many years, the only advocate of Eclecticism; it is its main advocate now. Therefore, all Eclectics, who have the good of the cause at heart, should, as I think, aid in giving it a wide circulation, and in supplying its pages with practical matter. S.

ECLECTIC MEDICAL INSTITUTE.

The closing exercises of the Winter session, took place on Wednesday evening, February 6th, at which time twenty-nine members of the Class were graduated; particulars of which will be given in the next number of the Journal. N.

OUR CLINIC REPORTS.

In view of the insertion of several long articles, both original and selected, in this number of the Journal, we have concluded to defer the commencement of our Clinic Reports to the next month. N.

DIPHTHERIA—IS IT A MODIFIED FORM OF SCARLATINA?

There has been much discussion of this subject in the medical periodicals this winter. Some contending stoutly that the diphtheria, now prevailing, is nothing but the scarlatina *without the rash*. The majority have decided that they are distinct diseases, though somewhat analagous; in which opinion I concur. We meet occasionally with cases, however, that seem to show a close relationship between the two diseases. I have two cases in point. In October last, I was called to see a child of Mr. C——, it was a well marked and severe case of diphtheria, without any eruption. Another child was attacked four days after; the angina was not so severe, and the diphtheritic exudation not so abundant. On the evening of the second day, a rash appeared upon the skin, presenting every appearance of scarlatina; run the same course, and terminated in similar desquamation. Two other children had diphtheria in a mild form the succeeding week, but without any eruption. On the first of this month, was called to see a child of 'Esquire H. H.'s, it was, as I thought, a well marked case of scarlet-fever; the eruption covered the entire body, continued the regular time, and terminated in desquamation; the throat was not severely affected, diphtheritic exudation confined to tonsils. The succeeding week, two other children were attacked with diphtheria, without the slightest affection of the skin.—s.

BOOK AND JOURNAL NOTICES.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS.
By L. E. JONES, M.D., Professor of Materia Medica, Therapeutics, and Medical Botany, in the Eclectic Medical Institute, Cincinnati; formerly Professor of Theory and Practice of Medicine in the same; and JOHN M. SCUDDER, M.D., Professor of Theory and Practice of Medicine and Pathology; late of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute, Cincinnati; formerly Professor of General, Special, and Pathological Anatomy in the same; Author of "A Treatise on Diseases of Women," etc., etc. Volume I, pages, 313; vol. II, pages, 1010. Cincinnati: Moore, Wilstach, Keys & Co., printers, 25 West Fourth Street, 1859.

We make the following extract from the Preface of Vol. I, which treats upon General and Special Therapeutics :

“ In preparing this treatise on General and Special Therapeutics, the authors have endeavored to present a mass of information, which heretofore has been out of the reach of the general medical reader. We have long felt the want of an elementary treatise on this subject, by the aid of which we could impress what we conceive to be the groundwork of practical medicine upon the minds of our students. It is true much of this information may be found in the elaborate treatises on *materia-medica* published within the last half century, but this is in detached portions, and scattered through large volumes, and so associated with special medicinal agents, that it has not its full influence upon the mind of the reader. It has been our object to collect these scattered facts—adding to them the latest inquiries upon the subject, and the results of our experience—arranging them in such a form as to clearly present the *principles* of therapeutics.

We are well aware that this volume is deficient in many particulars ; but when the character of the subject is considered—the difficulty of rationally accounting for everything connected with the administration of remedies, which almost invariably have been at first empirically prescribed, the reader we trust will excuse all the errors of *omission* and *commission*, which we have found it impossible to avoid.

The scope of the work has been to present first, a succinct description of the various theories in regard to disease, and principles of treatment which have grown out of them ; hence we have noticed *antipathia*, *homeopathy*, *allopathia*, the *brunonian theory*, the *doctrine of contra-stimulus*, the *chronothermal system of medicine* and *hydropathy*. Second, to give a concise description of the pathology of disease, the mode by which nature removes disease when unaided by medicine—the action of medicine upon the system, the parts to which medicines are applied, the mode in which medicinal agents act when introduced into the stomach, and the art of prescribing medicines. Third, to give a classification of medicines, and accurately describe each class of agents, their action upon the system, why they prove curative, and in what diseases or conditions of the system they are indicated.

It will thus be seen that our field of inquiry has been large—embracing all the points in practical therapeutics, or the treatment of disease, a correct knowledge of each of which is absolutely indispensable to the rational practice of medicine. If we have so presented them to the reader, as to facilitate the study of medicine, we will be abundantly rewarded for our labor.”

This volume treats of the subjects under the following heads:

Abortives—Absorption of medicines—Action of medicines on the system; when introduced into stomach—Actual cauterants—Allopathia—Alteratives; action of; therapeutic indications—Anæsthetics; history of; importance of; action of; contra-indications; local—Antipathia—Antidotes; table of—Antiperiodics—Antacids—Antiseptics; tonic; stimulent; astringent; chemical—Antispasmodics; action of—Anthelmintics; action of—Antilithics—Aromatics—Art of prescribing medicines—Astringents; action of; therapeutic application—Attenuants. Brunonian theory. Catalytic—Cathartics; action of; therapeutic indications; recapitulation—Chrono-thermal system of medicine—Cholagogue cathartics—Chemical effects of remedies—Circumstances connected with the state of the patient influencing the prescription of remedies; age; sex; temperament; habit; idiosyncrasy; disease; climate; mode of living; mental action; previous disease—Classification of remedies; table of—Contra-stimulus, doctrine of. Demulcents; therapeutic indications—Depurants, Renal—Diaphoretics; action of; therapeutic indications; recapitulation—Diluents; importance of—Disease; general disease—Diuretics; action of; therapeutic indications; recapitulation—Doctrine of contra-stimulus—Drastic cathartics. Effects of remedies; physical; chemical; vital—Emetics; action of; therapeutic indications—Contra-indications; recapitulation—Emmenagogues; action of—Emollients—Epispastics—Errhines; therapeutic application—Escharotics—Expectorants; action of. Forms in which medicines are exhibited; powders; pills; electuaries, confections, conserves; lozenges; extracts; proximate principles; cataplasm; ointment; cerate; plaster; infusion; decoction; mixture; tincture; sirup; fluid extract. General therapeutics; disease. Headland, propositions in re-

gard to the action of remedies—Hematics, action of—Homeopathia—Humoral pathology—Hydragogue cathartics—Hydragogue, Renal—Hydropathy. Importance of the cutaneous secretion—Inhalations. Kidneys, material excreted by; importance of secretion. Laxatives—Lithontriptics—Local anæsthetics. Methods of cure—Miasmatic diseases. Narcotics; action of; therapeutic indications; recapitulation. Objects to be obtained by combining medicines—On the mode by which the natural powers of the system remove disease. Parts to which medicines are applied—Parturients; action of—Physical effects of remedies—Preface—Prescriptions, mode of forming—Purgatives. Refrigerants; action of—Renal hydragogues; depurants—Revulsives; action of—Rubefaciens. Sedatives; action of; therapeutic indications; topical uses; recapitulations—Skin, material excreted by—Sialagogues; therapeutic application—Special therapeutics—Stimulants; action of; therapeutic indications; contra-indications—Suppurants. Table of primary and proximate disease—Therapeutics; general; special—Tonics; action of; therapeutic indications. Vesicants—Vis medicatrix naturæ—Vital effects of remedies. Water-cure treatment—What is the province of the Physician? Writing prescriptions.

We extract from the Preface of the second volume:

“The authors offer this volume on *Materi Medica* to the profession as a practical rather than a scientific work; and yet they have used all exertions to bring it up to the present state of medical knowledge. Much will be found in the volume that is already well known to the profession; but they believe that they have embodied a large amount of new and valuable matter, the results of their own and others' experience, that will make the careful reading of the work, not only interesting, but practically useful to the practitioner. The plan adopted, of grouping agents together that possess similar properties, or are used to fulfill the same indications, is certainly the best both for the student and practitioner, as in this way many valuable agents will be brought into notice that probably would not have been, had the articles been arranged in alphabetical order. The plan of the work, so far as the vegetable *materia medica* is concerned, has been to give, first, the botanical name;

second, the officinal name of the drug; third, the botanical class and order it belongs to; fourth, the part used; fifth, its history, where found, etc.; sixth, its physical properties; seventh, the chemical analysis; eighth, its therapeutic action; and, ninth, its preparations. It will be seen that the botanical description of plants has been omitted; the reasons for which were, that this description occupied so much space, that it would make the book unwieldy, that it was rarely read by students or practitioners, that works on this part were plenty and cheap, and, finally, the authors supposed that the space so taken up could be much more profitably filled with practical matter in relation to the therapeutic action and uses of the agents. It will also be noticed that in treating of the concentrated agents, they have not given the mode of preparation, for the very good reason that it is kept a secret by the manufacturers. In the description of their action they have been as brief as possible, as it is not claimed that they possess any properties, not belonging to the plant from which they are obtained.

There are, no doubt, many deficiencies in this volume, some of which might probably have been remedied, if time and space had been more at the command of the authors. One thing, however, they believe they can state positively, that no practitioner will be misled by their statements, as they have been careful in the selection of authorities, and, wherever possible, have confirmed the facts by their own experiments.

In conclusion, they would acknowledge their indebtedness for materials for the present volume to the various writers on *Materia Medica* during the present century, as they have resorted to all reputable sources in order to correctly estimate the true medicinal value of each agent."

The following embraces the divisions and subjects of the second volume:

Division	I.	Class	I.—Emetics.
		"	II.—Cathartics.
		"	III.—Diaphoretics.
		"	IV.—Diuretics.
Division	II.	"	V.—Sedatives.
		"	VI.—Narcotics.

Division II.	Class VII.—Stimulants.
	“ VIII.—Anesthetics.
Division III.	“ IX.—Tonics.
	“ X.—Alteratives.
“ IV.	“ XI.—Revulsives.
“ V.	“ XII.—Astringents.
“ VI.	“ XIII.—Expectorants.
“ VII.	“ XIV.—Antiseptics.
“ VIII.	“ XV.—Emmenagogues.
	“ XVI.—Parturients.
	“ XVII.—Abortives.
“ IX.	“ XVIII.—Antispasmodics.
“ X.	“ XIX.—Refrigerants.
“ XI.	“ XX.—Anthelmintics.
“ XII.	“ XXI.—Sialagogues.
	“ XXII.—Errhines.
“ XIII.	“ XXIII.—Antacids.
	“ XXIV.—Antilithics.
“ XIV.	“ XXV.—Demulcents.
	“ XXVI.—Emollients.

To which is added an Appendix of ninety pages, which is classed according to the arrangements of the body of the book. The best collection of Formulas ever presented to the profession, in a condensed form.

This work was long promised by Prof. Jones, and anxiously looked for by the Eclectic Medical profession.

Prof. Jones, being one of the pioneers in Eclecticism, and having filled the Chair of *Materia Medica* and Therapeutics in the Eclectic Medical Institute, most of the time since it was founded, is eminently qualified to present to the profession a work, which will amply supply a deficiency in this department long felt.

Prof. Scudder having been connected with several of the practical departments of the college, and extensively engaged in private practice has been enabled to do full justice to his part of the work.

This is another move on the part of eclectics to establish and sustain a full and ample literature of their branch of the profession. So far as this work is concerned, we can congratu-

tulate the profession on the opportunity which they now have of supplying themselves with the only book of the kind connected with the eclectic school of medicine.

We feel like urging upon the readers of the Journal, the necessity of procuring and examining it.

The price of the entire work is \$6, to be had by addressing Dr. L. E. Jones, Cincinnati, Ohio.

The following works have been received, and will be noticed next month :

“Mechanical Dentistry,” by Prof. Richardson.

“Congenital Malformation of the Rectum,” by W. Bodenhamer, M.D.

“Hand Book of Hospital Practice,” by R. D. Lyons—N.

EDITORIAL ABSTRACTS AND CLIPPINGS.

Stramonium in Neuralgia. By A. YOUNG, M.D., of Prescott, Wis.

MESSERS. EDITORS:—Permit me to call the attention of your readers to the value of Stramonium in Neuralgia.

I am aware that this narcotic is sometimes administered in this intractable disease, but so far as my own observation extends, it is by no means a common remedy. Here in the West, where the Intermittent form of Neuralgia is so prevalent, Quinine and Carb. Iron are principally relied upon in its treatment, yet these not unfrequently fail to arrest it. I have, however, to meet with the first instance that has failed to yield to Stramonium. In some of the cases in which I have used it, Quinine, Carb. Iron, Opium, Aconite, Chloroform, had been tried without success.

Although I have used it principally in Intermittent Neuralgia, I have also found it superior to any other remedy in that department upon Spinal irritation, or connected with general Hyperæsthesia in females—Pleurodynia, etc.

The mode in which I have given it in the intermittent form, is gr. j. of Tilden's Ext. Stramon. Fol., every two or three hours, during the intermission, until the system is decidedly affected, indicated by dilated pupil, disordered vision, vertigo,

and often hallucinations or mild delirium. When given to this extent, it will generally be found unnecessary to repeat it. Anything less than this, will be of comparatively little value. In the other forms of Neuralgia, it is not usually necessary to push the remedy so far.

Beyond the temporary effects following its administration, I have never seen the slightest inconvenience result from its use. Subsequent constitutional treatment is, of course, often demanded for the relief of debility, etc.—*Chicago Med. Exam.*

Chloroform Vapor in Ear-Ache.—The use of oil and chloroform in ear-ache, is familiar to many. A recent case, treated by Dr. L. D. Ford, of this city, develops the use of chloroform vapor for this affection, on a method which proved highly satisfactory. The patient, a child, suffered severely, and other remedies failing, Dr. Ford used the following extemporaneous expedient:

Taking a 2 oz. vial, a small opening was punched through the bottom; a little cotton wool, soaked with chloroform, was then put into the vial. The mouth of the vial was now applied to the external meatus. The attendant then, placing his lips to the punctured extremity of the vial, *blew the vapor into the external ear*. The relief was instantaneous, and the patient soon fell asleep, being cured by this single local application. We commend the above method, as well worthy of trial in cases of this painful affection of childhood. — *Southern Med. and Surg. Journal*; *St. Joseph Med. and Surg. Journal*.

Cannabis Indica as a Hypnotic.—Dr. Frommuller, after a large number of experiments, draws the following resume of the value of this drug:

Of all anæsthetics ever proposed, Indian Hemp is the one which produces a narcotism most closely resembling the natural sleep, without causing any extraordinary excitement of the vessels, or any particular suspension of the secretions, or without fear of a dangerous reaction, and consecutive paralysis.

It acts neither as violently nor as surely as opium. It can be given in all acute inflammatory diseases, as well as typhoid affections. It is well adapted as an alternate with opium, in case this ceases to act. Its best mode of administration consists in pills of the alcoholic extract and powdered seed. The smallest dose, susceptible of producing sleep, is eight grains, in pills of one grain. This dose, however, must be rapidly augmented. The action on the skin, the kidneys and sexual organs, attributed to Indian Hemp, is without any practical importance. — *Prayer Vierteljahrschrift*, 1860. — *Journal of Materia Medica*.

Ventilation at Night. — An extraordinary fallacy, is the dread of night air. What air can we breathe at night, but night air? The choice is between pure night air, from without, and foul night air, from within. Most people prefer the latter. An unaccountable choice. What will they say, if it is proved to be true, that fully one half of all the diseases we suffer from, is occasioned by people sleeping with their windows shut? An open window, most nights in the year, can never hurt any one. In great cities, night air is often the best and purest air to be had in the twenty-four hours. I could better understand, in town, shutting the windows during the day, than during the night, for the sake of the sick. The absence of smoke, and quiet, all tend to make the night the best time for airing patients. One of our highest medical authorities on consumption and climate, has told me that the air of London is never so good as after ten o'clock at night. — *Florence Nightingale*. — *New Orleans Medical News and Hospital Gazette*.

On the Treatment of Blennorrhagia by Injections of Subnitrate of Bismuth. (Bulletin General de Therapeutique, Sept. 30, 1860.) — The subnitrate of bismuth has been lately recommended as a local application in blennorrhagia, but as the results were not altogether satisfactory, M. Mourlon has investigated the circumstances which prevent the success of this kind of medication. He found that the injections of subnitrate of bismuth often irritated the urethra; and on testing the salt, he ascertained that it reddened litmus paper. In order to obviate

the acidity of the injections, he caused the salt to be washed until it presented no acid reaction; and under these circumstances, he has found the injection almost uniformly successful, and has introduced its use into the military hospitals. In a memoir published by M. Mourlon, he states that out of 37 cases, 32 were cured, and that the average duration of the treatment was twenty-one days. With the exception of four patients who came into the infirmary for relapses, all the cases presented blennorrhagia of five to eight days' duration, and they were all acute cases. In none of them did inflammation extend to the deep parts of the urethra, so rapidly was it arrested in its progress by subnitrate of bismuth.

Severe Case of Primitive Gangrenous Angina treated successfully by Perchloride of Iron.—Dr. Henry Musset relates a case of gangrenous disease of the back of the mouth, which resisted all other remedies, but yielded to the employment of perchloride of iron. This medicine was administered in a draught at periodical intervals, and under its use the fever abated, the delirium ceased, and a large patch of ecchymosis, which had appeared on the right side of the chest, began to grow pale. Broth and wine were then administered, and every day the improvement continued; the breath was no longer foetid, the tissues became clean, and at length the patient, who had appeared moribund, was restored to life. Dr. Musset attributes the recovery entirely to the use of the perchloride, because it was the only medicine employed internally from the time when the worst symptoms appeared, and because the improvement continued regularly, as soon as its administration was begun. With regard to the patch of ecchymosis which appeared on the chest, the perchloride seems to have acted beneficially in removing it, whether this interstitial hemorrhage was produced by the gangrene having destroyed some vein, or whether it was the consequence of an alteration of the fluids under the influence of a general cause. It is certain that, under the use of the perchloride of iron, both the gangrenous disease of the throat and the ecchymosis on the chest were completely cured.—*L'Union Medicale*, Sept. 6, 1860.

MARRIED—Feb. 19, 1861, at the residence of the bride's father, Jacksonville, Ill., by Rev. S. T. Callaway, J. L. REAT, M.D., of Tuscola, Ill., to Miss SALLIE M. CALLAWAY, of Jacksonville.

ECLECTIC MEDICAL JOURNAL.

VOL. XX.

APRIL, 1861.

No. 4.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*On Injecting the Cavity of the Uterus.* By Professor Z. FREEMAN, M.D.

This operation is the most readily performed with the *syringe catheter*, an instrument of the size of the male catheter, made straight, excepting a slight curve at its distal extremity. There is a small aperture in the end of the instrument, through which the fluid may pass. It is filled and used, as any other syringe. By introducing the vaginal speculum, the syringe catheter may be easily passed into the os and cavity of the uterus; or, with the index finger against the edge of the os uteri, it may be guided into the uterus. It requires some practice to perform the latter operation dexterously.

In purulent discharges from the uterus, also grumous and foetid discharges; or, where the uterine secretion is tenacious, ropy, mucoid or gelatinous, oozing from the os uteri in greater

WHOLE SERIES XX.

or less quantities, resisting all other means of cure that I have tried, I relieve it entirely by injecting into the uterus a solution of Chloride of Zinc:—

R.—Zinc Chloride, grs. ij.
Water, 3 j. M.

Inject one drachm, once in three or four days.

Chronic menorrhagia, of from one year to twelve years' duration, I have cured effectually, by using injections, as above described; in some cases, only two, and in others, three times.

I will report two, out of a number of cases of menorrhagia, to show the result of the treatment:

Miss R——, aged twenty-four years, had been afflicted with menorrhagia for nearly two years; there being scarcely three days during the month, that she was not annoyed with sanguinous uterine exudation—some days, it amounted to rather a profuse hemorrhage. She was pale and feeble; her limbs and face slightly puffed; uterus enlarged, and considerably prolapsed; pains in her back and hips; and she was unable to walk about the house, without being much fatigued, and suffering considerable pain. Erigeron, Tannin, Kino, Cinnamon, Iron, and other medicines, and usual means, failed to relieve her; but, by injecting the uterus with Chloride of Zinc twice, she became entirely relieved, and since that period, which has been about one year, she has been entirely free from that annoyance, having her menses regularly at the proper period, in proper quantities, and without any unnatural amount of pain, and continuing only about three or four days.

Mrs. J——, aged 36 years, sanguine-bilious-encephalic temperament, has been afflicted with menorrhagia for twelve years, excepting six months of that time, during which the menses became arrested. Her bleeding was constant, every day in the month, and at times quite profuse. She had tried a number of the prominent physicians of our city, to no purpose, and becoming discouraged, from want of success in treatment, weak and sickly, she had concluded to suffer on unmolested, until a desired early death would terminate the difficulty.

I used an injection of the Chloride of Zinc, to the cavity of the uterus twice, and since that time—which has been about a year—as in the above case, she has been entirely relieved, having her menstruation in a normal quantity, at proper periods, and continuing only three or four days, with only a normal amount of pain.

In such cases of menorrhagia, there is an engorgement of the uterus, and of its lining membrane, which is weak and spongy, and allows a constant exudation of blood. Chloride of Zinc corrects this condition of the mucous membrane, strengthens the coats of the capillaries of the part, and thus, by its tonic influence, prevents any further exudation; and then, by constitutional treatment, as tonics, hip baths, moist bandages about the hips, etc., the general health is improved, and the excitement diverted away from the part. In purulent, grunous, fetid, and other discharges from the uterus, the Chloride of Zinc corrects the condition of the lining membrane of the uterus, as it would if applied to the throat in disease of that part; and thus the secretion is changed or arrested.

In injecting the uterus, the operator should be exceedingly careful not to have the preparation too strong, commencing with, and using it quite weak, from gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$, in 3 j. of water, increasing its strength at every time of using it, until the pain indicates that its strength should not be increased, although some patients will bear it double or treble the strength of others. I have one case of tertiary-syphilitic uterine-leucorrhœa, in which I use twenty grains of Zinc Chloride to one ounce of water. The usual strength of the solution which I use, is two grains to one ounce of water; and this, in most cases, causes very severe pain. When this solution is injected into the uterus, it causes scarcely any pain for a few minutes, and then the pain increases to an alarming extent, of a contracting, bearing-down character, as in dysmenorrhœa; also, causing cramps in the uterus, and over the abdomen; the hands and feet become cold, and the patient suffers almost intolerably. Sometimes, syncope is the result. This should be obviated by the prompt attention of the physician and nurse, or it may terminate seriously to the patient. The warm pediluvium should be used immediately. A flannel cloth should be wrung out or

hot hop-water, and applied over the pubic region, a sinapism to the back; and give the patient, internally :—

R.—Morphine, gr. $\frac{1}{4}$,
Tinc. Gelseminum, gtt, vj. ,
Comp. Spts. Lavander, 3 j. M.]

Every half hour, in a little water, until the pain subsides to some extent; and then do not use it so often, or only every one, two or three hours, as needed. Sometimes Chloroform may be inhaled, when other means fail to give immediate relief.

The course of treatment by injecting the uterus, is severe, indeed; but the great cure of such a terrible annoyance, that makes life almost intolerable, and deprives it of most of its pleasures, warrants the operation, which, in skillful and experienced hands, is conducive of such great and permanent results.

Cincinnati, 276 Sixth Street.

ART. II.—*A Case in Practice.* By JOHN G. RICH, M.D.

May 27, 1860.—I was called, in consultation with Dr. George Howell, of this city, to visit a child of Mr. P.'s, aged 22 months. Found the child affected with an abscess, occupying the lateral half of the fossa supraspinatus of the right scapula, and extending to the dorsal vertebræ.

Some three months previous to this date, the child fell out the front door, striking the right shoulder; the seat of injury shortly afterward being attacked with all the symptoms of ordinary inflammation; which symptoms were removed by appropriate remedies. Nearly two months after this accident, she fell from a chair, and struck the same shoulder; since which time, now some five weeks, the abscess has been gradually forming, until it has reached the above described dimensions, accompanied with active inflammatory symptoms, violent pain, the least motion of the arm causing the child to scream with agony. They referred the case to Dr. Howell, by whom I was requested to attend in counsel.

The present symptoms are,—anorexia; diarrhea; pulse, quick and feeble; tongue, coated; skin, hot and dry; countenance, pale and haggard; restless and irritable; distinct fluctuation in the abscess, with a thinning of the cuticle, or determination to the surface, about the apex of the superior vertebral margin of the scapula; and after very careful examination, we both came to the conclusion that there were no bones broken.

The treatment, up to this period, has been—externally, the application of Ungt. Althæ, with the internal administration of Wine Tinct. of Crawley, for fever, and Geranin, to arrest the diarrhea.

Treatment.—Apply a cataplasm of Humulus, Pulv. Ulmus, Pulv. Sem. Lini, Pulv. Lobelia Fol. aa. to the abscess, changing the poultice three times a day. Internally,—

R.—Syr. Stillingia, C. 3 iij.

Potass. Iodid., grs. x. M.

Give ten drops, three times a day. At the same time, continue the Tinct. Crawley.

May 29.—Now apply the Ungt. Althæ first, and then the poultice over it; otherwise, continue as before.

May 31.—Evidently better; the child endeavors to use the arm; appetite is much better; rests well at night; the abscess is also pointing about three lines above the center of the spine of the scapula.

We now substituted Spts. Æth. Nitr. for the Tinct. Crawley; otherwise, continue the same treatment.

June 9.—The abscess ruptured about midnight, and from description given by the mother, discharged about a pint of thin yellow pus; this morning, it is discharging, quite freely, a thick muco-purulent matter. There is extensive disorganization of the tissue, leaving an external opening, the size of a quarter of a dollar. The swelling has entirely disappeared, and the case is doing as well as could be expected. Continue the same treatment, excepting a decrease in the quantity of Lobelia in the poultice.

June 20.—The wound is discharging but little, and has nearly healed. This child has also passed some long, round

worms, for which proper anthelmintics have been administered. The Syrup of Stillingia has been omitted, and tonics substituted. It has frequently had a return of diarrhea, occasionally amounting, almost, to a dysenteric discharge; which discharges have been arrested by Geranin and Hydrastin. The poultice is now applied without the Lobelia.

August 4.—So far as the difficulty upon the shoulder is concerned, the child is perfectly well. It has recovered perfect use of the arm and shoulder. The wound has healed by granulation, leaving but a small cicatrix. The difficulty presenting now, is a contraction of the muscles of the left leg; the limb is flexed upon the thigh, and the child has no use of it. There is also every indication of an abscess forming in the lumbar region of the back, over the right kidney. There is no doubt but that the present symptoms are the result of constant nursing, and retention of the limb in one position, for so long a period, as the child has scarcely been out of its mother's arms since the accident.

We applied a stimulating lotion to the limb, and endeavored to induce the child to use it; also, prohibited the mother nursing it, or if she does, to hold it upon the other side. Continue the internal administration of tonics and mild stimulants.

I neglected to mention, in the commencement of this article, that this little patient is of a scrofulous cachexia.

Sept. 11.—This patient has been taken to the country, in order to obtain the benefits to be derived from the pure country air. I visited it to-day, with Dr. Howell.

Present Appearances and Symptoms.—Patient worse; pale, emaciated, wasted almost to a skeleton; large abscess over the right kidney; presenting the same general appearances as the abscess upon the scapula; child, restless, peevish and irritable; anorexia; abdomen, swollen and tense; urine, scanty, high colored, and voided with difficulty; pulse, weak and wiry; extremities, cold; lips, colorless; eyes, sunken and glassy. It is evidently, almost, *articulo mortis*.

Treatment.

R.—Hydrastin, Cornin, *aa.* grs. v.

Ferri Ferrocyn, grs. iv.

Xanthoxyllin, grs. vj.

Asclepin, grs. x. M.

Div. in Chart. No. x. *Dose*—one, every three hours.

At the same time, ordered a diet of fresh beef, eggs, etc. Bathe the extremities frequently with hot liquor; apply the same external applications to the abscess, as was applied to the former one; also, give broken doses of Eupatorin (Purpu.), in connection with the free use of Water-Melon seed tea.

The child rapidly improved under this treatment, and in a couple of weeks was brought back to the city. Shortly afterward the abscess opened, discharged quite copiously pus similar to that discharged from the one upon the scapula. The treatment, externally, was the same in both cases, and upon the administration of tonics and stimulants in connection with a generous diet, the child recovered, and now—Jan. 6, 1861—is as well, quite fleshy, hearty, and as lively as most children of her age; and has been in this condition for the last two months.

ART. III.—*Diseases of the Heart.* By Prof. Souddee.

(Continued.)

Inflammation of the Heart.—As will be noticed in a previous article, this disease is divided, according to the seat of the inflammation, into *Pericarditis*, *Carditis*, and *Endocarditis*, or an inflammation of the pericardium, muscular structure, and endocardium, or lining membrane.

Symptoms of Pericarditis.—Very frequently the disease is ushered in by a marked chill or rigor, though sometimes it is difficult to detect. To this succeeds febrile reaction; the skin becomes hot, though perspirable; the pulse is generally full, strong, hard, and frequent; the urinary secretion is somewhat arrested, and bowels constipated. Considerable oppression at the præcordia is felt, with much anxiety, which constantly increases. A more or less acute pain is experienced under the left nipple, sometimes so severe as to render respiration extremely difficult; there is tenderness on pressure over the heart. The pulsations of the heart are much stronger than usual, sometimes regular, though frequently irregular, tumultuous, unequal or intermittent; frequently, paroxysms of pal-

pitiation, when the impulse can be readily felt by the hand. By the end of the second day, we find that the feeling of anxiety and oppression has so increased as to be almost insupportable. The pulse is unequal, oppressed, irregular, small and rapid; often intermittent. The skin is either hot, dry, and constricted; or an increased heat of the trunk, with coldness of the extremities, which are frequently covered with a cold-clammy perspiration; sometimes nausea and vomiting comes on, which, to some extent, obscures the disease; in other cases, a severe singultus occurs, greatly aggravating the sufferings of the patient. If the adjoining pleura is implicated, respiration is hurried, short and shallow, sometimes interrupted by broken sighs, or by deep catching inspirations. Sometimes, in this stage, there is noticed a diffused rumbling sound, resembling the *to-and-fro* sound in pleuritis; frequently, there is a more or less marked bellows-sound.

With the appearance of effusion—which may occur at any period from the first to the fourth day—we notice an increased dullness on percussion, and diminution of the sounds of the heart on auscultation. If there is much effusion, there is marked and extensive dullness on percussion; a weak and diffused impulse of the heart; a small, weak, irregular pulse, and extreme or constant dyspnoea. Very frequently, the countenance becomes tumid, bloated and livid. Motion induces faintness or syncope, the pulse nearly disappearing.

Sometimes the general symptoms are very light during the entire course of the disease, there being but the anxiety and oppression, with occasional lancinating or tearing pains, and increased frequency and irregularity of pulse to mark the progress of the disease.

Symptoms of Carditis. — The patient experiences a violent pain in the region of the heart, with anxiety, preceded or attended by rigors, chills, or tremblings of the whole frame. To these succeed increased heat about the præcordia, or in the trunk, while the extremities and face are cold, and the whole surface is covered by perspiration, which is cold on the extremities. The pain is concentrated in the situation of the heart, is lacerating or rending, accompanied by the utmost agitation and expression of anxiety and distress; sometimes

by screams, and occasionally by general convulsions or swoonings: The patient feels every pulsation of the heart, rolls about to obtain ease, and presses his hand forcibly against the præcordia. The chest is elevated, the head thrown back; there is great thirst, but drink is refused on its reaching the lips; and there is often loquacity, passing into delirium as the disease advances. The pulse varies remarkably, but is generally unequal or irregular, and remarkably small and weak, or indistinct. If the disease is not soon arrested, constant jactitation or tremor, recurring fits of syncope, delirium, and death, take place.

Symptoms of Endocarditis.—If the inflammation is confined to the endocardium, actual pain is seldom felt, the patient complaining of oppression or anxiety in the præcordia, with faintness. It is ushered in by a slight chill, but febrile reaction is not very well marked. The *physical signs*, says Dr. Copland, require the closest attention:—"1. The præcordia region, in simple endocarditis, is shaken by the violence of the heart's action, the hand being forcibly resisted by the impulse, when applied over this region. The pulsations are felt over a greater extent than natural, owing to the turgescence of the organ in an inflamed state; and a vibratory tumor, more or less marked, is also sometimes felt. 2. *Percussion* furnishes a dull sound over a greater extent of surface than natural—from four to nine or twelve square inches. But in order to distinguish this sound from that attending effusion into the pericardium, it is necessary to observe that it coexists with a visible, superficial, and sensible pulsation of the heart; the last being profound, and hardly visible or sensible in pericarditis with effusion. 3. *Auscultation* detects a bellows-sound, which marks the true normal sounds, or one of them only. The sound is the louder, the stronger the action of the heart; and is also rougher, the greater the swelling of the valves, and the more abundant or concrete the exudation of lymph from the inflamed surface. Sometimes, when the palpitations are violent, a metallic sound, isochronous with the systole of the ventricle, is heard. 4. The *force* of the heart's contractions is changed, both to the eye and touch, and the frequency equally affected; the pulse rising sometimes as high as 140 and 160, or even higher, in a minute, and becoming irregular, unequal, or intermittent. 5. *Animal*

heat is generally also increased, but not usually in proportion to the augmentation of the circulation. The arterial pulsations represent the *frequency*, but not the *strength* of the heart's action in this disease; for, while the contractions of the heart are energetic, the *pulse* is generally small, soft, and indistinct. This is owing to the obstacle opposed to the circulation by the sucking of the valves or orifices, or both, or by the fibrinous exudations formed around them—a smaller quantity of blood being thrown into the arterial trunks; hence, probably, arise the pallor, anxiety, jactitation, faintness, leipothymia, want of consciousness, etc., so frequently observed.”

If the venous circulation is obstructed, the dyspnoea is greatly increased, the face is bloated and livid, œdema appears. In such case, the patient experiences the most distressing oppression; can not lie down in bed; is watchful, restless, and subject to constant jactitation.

Post-mortem Appearances.—In *pericarditis*, when death occurs early in the disease, there is frequently nothing but redness and injection of pericardium; sometimes the redness is increased by infiltration of minute quantities of blood into the adjacent tissues, so as to give rise to ecchymosis, or red spots. In the stage of effusion, there are various appearances; the effused fluid usually separates into a turbid or flocculent serum, and a concrete or fibrinous false membrane. In some instances, the effusion consists of a well-formed pus; in others, there is no fluid, the exudation forming false membrane, and fibrinous adhesions between the free surfaces of the pericardium. The effusion in pericarditis varies from one to two ounces, to as much as four pounds.

In *Carditis*, the structure of the heart is discolored redish-brown, softened and injected. Sometimes, but rarely, there has been observed collections and infiltrations of pus. Sometimes there is softening, the heart being whitish, grayish, or yellowish.

In *Endocarditis*, there is sometimes but little evidence of the disease, beyond slight thickening and softening of the membrane, which is more easily separated from the muscular structure. Occasionally there is great contraction of the openings, and

thickening of the valves. Frequently the formation of fibrinous concretions from the orifices, valves, or internal surface.

Diagnosis.—The diagnosis must be made in part by *exclusion*; then we have the prominent symptoms: continued pain or anxiety in the region of the heart; palpitations; a tendency to syncope, or faintness, dyspnoea, acceleration and irregularity of the pulse, with symptomatic inflammatory fever. As has been before remarked, we rarely find the inflammation confined to one tissue; hence we have to take the aggregate symptoms of the three forms of inflammation, to establish the diagnosis.

Prognosis.—Though the disease is one of the most severe to which mankind is liable, yet the prognosis may be considered favorable, if prompt treatment is adopted in the early stage. The *sequelæ* of the disease embrace nearly the entire list of chronic structural disease.

Treatment.—The treatment of inflammation of the heart, must be prompt and decisive; the first indication being to relieve it by getting determination of blood to other parts, and lessening irritation. To fulfill this, I direct the application of cups to the præcordia, with scarification, if the case is severe, following with fomentations of Lobelia. The extremities should be wrapped in cloths wrung out of Mustard-water, as hot as they can be borne; and these should be continued until free circulation is established. If there is nothing to contraindicate, give, at the commencement, a cathartic, as—

R.—Podophyllin, gr. j.
Bi-tartrate of Potassa, grs. xx.

And repeat, every four hours, until the bowels are freely moved. To lessen irritability of the heart, no agents are better than—

R.—Tinct. Lobelia,
Tinc. Macrotys,
Comp. Tinct. Lavander, aa.,

Administered in drachm doses, every hour or two hours.

Frequently, much benefit is obtained from brisk counter-irritation, the entire length of the spine. To assist the action of the other remedies, and as a diluent, use freely an infusion of *Asclepias Tuberosa*. These means should be continued until the circulation becomes free, and the action of the heart regular; then,

Put the patient upon the use of the special sedatives, *Veratrum* and *Aconite*, in small doses, largely diluted, and frequently repeated. Still use the infusion of *Asclepias*, adding to it such a quantity of *Acetate of Potassa*, that the patient will take about 3 iij. in the course of twenty-four hours. A weak Mustard hand-bath should be employed once or twice per day, and counter-irritation to spine and præcordia, continued until the patient is convalescent. Other treatment, after the inflammation is arrested, will have to be left to the good judgment of the practitioner, meeting the indications as they arise.

(To be Continued.)

ART. IV.—*Diphtheria*. By Dr. M. F. WILLIAMSON.

MR. EDITOR:—In answer to your "Subscriber's" request, I shall give a brief history of a case of *Diphtheria*, to which I was called:—

January 26, 1860.—I was called upon to prescribe for Miss L——, aged 21 years. She said that her throat had been painful to her for several days, and gradually got worse. On examination, I found fauces covered with white irregular spots, or pellicles, surrounded by a grayish-red border; tonsils, cervical and maxillary glands were swollen. She complained of a severe pain in her throat when swallowing, and some pain all the time, accompanied by fever.

Treatment.—First, I gave her an emetic of *Lobelia Tincture*, with warm salt-water. This I gave to unload the stomach of its bilious matter. etc.; which operated very well. I then ordered her to take a dose of Castor Oil, and after the oil operated, to make a tea of *Asclepias Tub.*, and drink warm, for the sake of getting up an action of the capillary vessels,

and produce diaphoresis. Also, gave her a Liniment, with which to bathe the throat, and ordered her to wrap a flannel cloth around her neck, saturated with common salt. I used the Liniment and salt, to stimulate the capillary vessels of the neck into action. I gave her a gargle, composed as follows: Hydrastis Can., Borax, Black Pepper and Salt, *aa.* 3 i. This was to subdue the inflammation, and by so doing, stop the formation of the membrane that forms in the throat. If the disease is allowed to run on, I rely more on the Salt as a preventive to the formation of the membrane, than any other one remedy that I know of in the *Materia Medica*.

Jan. 27.—Found patient somewhat easier; perspiring freely. Continue the treatment.

Jan. 28.—Fauces, rather dry; skin, dry. Had a slight chill the night before, from leaving the window up. Ordered her to use the alkaline bath, and gave her—

Syrup of Seneca and Tinct. Xanthoxyllin, *aa.* 3 i.

Half a teaspoonful, once in three hours, and warm Asclepias tea, to be drank freely. The Liniment and gargle to be continued.

Jan. 29.—Fauces, soft, and the spots or membrane has a tendency to peel off, when coughing. Continue the treatment.

Jan. 30.—Patient, still improving; not much appetite. Gave—

Leptandrin, Quinine, *aa.* grs. x.

Carb. of Iron, grs. v.

Mix, und divide into ten powders, to be taken once in two hours; and the other treatment to be continued.

Jan. 31.—Discharged, cured.

Beware of *Argenti Nitras.*, or any other escharotic!

ART. V. — *How does Mercury Exist in the System?* By J. MILTON SANDEES, L.L. D.

We have lately perused a treatise upon this subject by a shining light in Allopathy. The ground assumed is that the Voltaic current will not electrolyse mercury from the system, for the reason, that before electrolyses can be accomplished, we must previously have the substance electrolysed in combination with some other one. Then, assuming that mercury exists in the system uncombined, the ground is at once taken that the Voltaic current can not electrolyse it.

To assert that mercury can exist in the system for years in an uncombined state is untenable, for its very molecular condition would preclude it. But the very fact that the Voltaic current will bring mercury from the system years after the metal was taken, is proof of itself, that it must have been in chemical combination with some of the tissues.

But the writer alluded to, asserts that the metal mercury will not combine with organic matter, "nor has it any analogy in any other metal." Assertions, without proof, are vulnerable points in an argument, and especially when the converse is so susceptible of confirmation. It appears to us that the author has but little chemical knowledge, else he would not have compromised himself so glaringly.

The whole art of modern dyeing is built upon the fact of the strong affinity that metals have for organic tissues. The foundation of dyeing—and especially that refined portion of it, *calico printing*—and at the same time the proof of the strong affinity that metals have for organic tissues, may be illustrated by dipping into a solution of alum a piece of muslin. The increased weight of the muslin, after it has been thoroughly washed and dried, proves that the metal aluminum of the alum has found a combination with the tissues of the muslin. No washing will take this aluminum out of the muslin, but on the contrary, washing and scouring appear to fix it still stronger. If some of this muslin is burned, and the ashes examined for aluminum, the reaction will no longer leave a doubt as to the presence of the metal. This metal is thus termed a *mordant* (which means *to bite*), as its strong combination with the or-

ganic tissues suggests the idea that it serves to *bite* in the color to be afterward affixed. If now the muslin be dipped in coloring matter, the latter at once becomes fixed equally as strong as is the metal aluminum. This is caused by the strong affinity, likewise, of the metal for the coloring matters, and thus, a color, which of itself would be very fugitive, is strongly fixed in consequence of the great affinity of the metal aluminum for organic matter. This affinity of the metal aluminum for organic matter, is proved by pouring into a solution of cochineal some solution of alum. At once there is precipitated all the coloring matter of the cochineal in chemical combination with the alumina of the alum. These combinations are termed *lakes*, and there are a great variety of them.

The metal tin presents another instance of the strong affinity of a metal for organic matter. A solution of this metal in the form of a chloride, when added to solutions of many coloring matters throw down *lakes*, many of which, in their combination with the tin, become greatly exalted in color, or altered frequently to others much more brilliant. Tin, likewise, having a strong affinity for organic tissues, acts as a *biter-in*, or mordant.

The metal iron presents another instance of the powerful affinity metals have for organic tissues. All women are cognisant of the great tenacity with which "*iron mold*" adheres to clothes which they iron. No scouring can erase in, in fact, the more it is washed the brighter it gets. This iron mold is an instance of the combination of iron with the tissues of the cloth ironed. If now this cloth is dipped into a solution of the ferrocyanide of potassium, these yellow spots of iron mold immediately change into a beautiful blue color (Prussian blue), which is just as strongly combined with the tissues as was the iron mold. This is because the iron has as strong an affinity for the coloring matter produced by the decomposition of the ferrocyanide of potassium, as it has for the organic tissues.

If to a solution of organic matter, a solution of the bichloride of mercury be added, a dense flocculent precipitate is produced, consisting of a chemical combination of the metal mercury with the organic matter. This can be demonstrated by incinerating the precipitate in a proper vessel, when the mer-

cury will volatilize and adhere in globules in the cold portion of the vessel.

Many other instances might be adduced proving as conclusively that metals have a very strong affinity for organic tissues, and form with them compounds of considerable stability. The metal mercury is very prone to combine with organic matter, and if this be the case in the dead organic matter, how much more so, would it be with living organic matter, where the play of affinities are so much more active. As we know positively that metals combine with organic matter out of the body, so do we know negatively that they combine with it in the body, from the fact that the Voltaic current electrolyses it, and thus withdraw it. To electrolyse a metal, is to presuppose that the metal was previously combined; for the laws of electricity teach us, that in order that metals shall be electrolysed they must previously exist in a state of combination.

I, therefore, assume that the "shining light" aforesaid has made out no case at all, unless it be the converse of that he would wish to prove.

Instead of writing long articles "full of sound and fury, signifying nothing," against the possibility of electrolysing mercury from the system, why does not this savant first *try* whether it can be done or not? The simplest experiment imaginable will put all doubt at rest. And lest he should not be cognizant of the experiment, I will here refer to it: Let him place the feet of any person who has taken a mercurial preparation, in warm water, with sufficient to cover the feet. This water may be rendered a conductor by adding a little common salt. The feet should rest upon a polished copper plate, to which should be attached the negative pole of a series of ten cups of Grove's battery. The positive pole should be placed in the hand of the patient. In the course of some fifteen minutes, the copper plate will indicate the presence of the mercury, by its exhibition in the form of spots, or minute globules.

It is really to be hoped that before any further violent denials of this fact are made, that the above simple experiment will be repeated.

New York, February, 1861.

PART SECOND.

SELECTIONS.

A Sketch of an Epidemic of Dengue or Breakbone Fever, as it prevailed in Wilmington, N. C., in the Autumn of the year 1860. By JAS. H. DICKSON, M. D.

SYNONYMS, *Dingee, Dunga, Dandy, Bouquet, Breakbone Fever.*

In the foregoing barbarous nomenclature, the curious philologist will be apt to find his ingenuity puzzled, and his industry baffled, in his attempt to trace the origin of a word which has been adopted to designate a very marked and peculiar form of disease, without being furnished with that "*filum labarynthi*," which its history affords.

It certainly furnishes a rare instance of a word finding its way into scientific treatises, from so humble an origin; for it carries with it the evidence of its negro parentage, not patent enough to be discovered by any ordinary process of word-hunting, and yet sufficiently obvious when the inquirer has been started on the proper track.

The West Indian negro gave it the name of Dandy fever, from the stiff gate which it caused its subjects to assume, when suddenly seized with it, as they sometimes were, when passing along the street. When it appeared in Cuba, this name, in undergoing the Spanish pronunciation, was changed into Dunga or Dengue, which it still retains.

This very unique and peculiar affection, has never, so far as I have been able to learn, prevailed in this place before the occurrence of the epidemic, of which I shall now endeavor to give some account.

It seems, indeed, to be an unfrequent visitor of any locality; rarely, if ever, appearing for two consecutive seasons, in any place.

The first notice which we have of this form of fever, is in a

paper by Dr. Jas. Mellis, giving an account of its prevalence in Calcutta, in the year 1824.

In the latter part of 1827, it made its appearance in the West India islands. In the Spring of 1828, it broke out in New Orleans; and in the Fall of the same year, it prevailed in Charleston and Savannah. Papers descriptive of the disease as it prevailed in the latter cities, have been published by Drs. S. H. Dickson and W. R. Waring.

It would thus seem to be a tropical or tropicoid disease; and yet if we can rely upon the correctness of the opinion which regards the so-called breakbone fever, which Dr. Rush describes as prevailing in the Autumn of 1780, in the city of Philadelphia, as the disease in question, or the true Dengue, it would seem occasionally to transcend its native limits.

Dr. Rush describes the Philadelphia epidemic as a bilious *remittent* fever, to which the name of breakbone fever was popularly applied in consequence of the severity of the pains with which it was attended.

Not having at hand Dr. Rush's description of the disease, I am in some doubt, whether to regard that instance as one of the genuine Dengue, or only as a form of remittent fever, with the usual spinal and neuralgic pains more than usually developed.

Such varieties of remittent fever are not very rare, but they must not be confounded with this very peculiar affection.

The genuine Dengue seems to be a complex malady, combining some or all of the characteristic features of our ordinary autumnal remittent fever, with very marked symptoms of rheumatism, together with, in many cases, an eruption, closely resembling, in some instances, urticaria, and, in others, a scarlatinous erythema. Occasionally, the eruption assumed a miliary, and, in some instances, a rubeolous appearance.

In those instances in which the eruption did not show itself during the progress of the case, the occurrence of cutaneous desquamation at the close of the attack, left no doubt as to its true character.

This form of fever seems to exhibit no very marked prodromata. In some rare instances, it makes its approach in-

sidiously; but for the most part, it attacks with abrupt suddenness.

A slight chilliness ordinarily ushers in a febrile paroxysm of greater or less severity, accompanied with head-ache, chiefly in the back of the head, and distressing pains in the loins and in the course of the large nerves in the lower extremities.

The entire cerebro-spinal nervous system, as well as the peripheral extremities of the nerves, as in the great centers, gave token of its pathological condition.

In some instances, the chill was of very marked intensity, and the febrile reaction in such cases was apt to be of corresponding severity.

Restlessness, and a sense of great debility, are apt to be prominent attendant symptoms.

The pains in the limbs and joints, described as rheumatic, though for the most part uniform in their resemblance to that disease, were occasionally seemingly capricious in their character, attacking the smaller joints, and now and then, the stomach and bowels, giving the case, in these features, no slight resemblance to gout.

In our epidemic, an attack of Dengue was by no means uniform in its duration or its intensity. Indeed, it ran through every gradation, from the mild ephemeron, scarcely requiring any treatment, to a grave form of fever, of ten or twelve days' duration.

A striking feature in most cases of any severity, was nausea and precordial distress. In some instances, the gastric irritability was a very prominent symptom, and one which, by its obstinate persistence, seriously embarrassed the treatment.

It is usual to ascribe the occurrence of this disease to epidemic influence, and in the present state of our knowledge, it is perhaps impossible to assign it a more specific origin.

This epidemic influence, or occult cause, would seem to have engrafted itself (in our epidemics) on the ordinary morbid cause of autumnal remittent fever, for the cases evidently partook largely of that character, though in some of its features it was almost Protean, for we might, with strict propriety, char-

acterize one case as rheumatic, another as gout, another as scarlatinous, etc.

It seemed to be no respecter of age or sex, all classes being equally liable to be attacked by it.

A very small fatality seems to be a notable characteristic of the Dengue; for, though many suffered severely, and some were seriously threatened, I believe no fatal case occurred.

Some of the writers who have given us a description of this form of fever, think that they have discovered in it a resemblance to the yellow fever, in the circumstance of its having but one paroxysm, with a long and delusive intermission, followed in the one case by a return of a fatal exacerbation, and in the other by a febrile paroxysm, which undergoes solution by the occurrence of a cutaneous exanthem.

I am constrained, however, to regard this as a forced and painful analogy. At any rate, such a form of the disease was not observed in the epidemic which I am endeavoring to sketch in this paper.

Instead of the peculiar paroxysmal form of yellow fever, this epidemic assumed the garb of *bilious remittent*, with daily exacerbations and remissions.

Its want of fatality, too, is a feature which separates it widely from yellow fever, and the extinction by the occurrence of frost, is equally characteristic of bilious and yellow fever.

The most probable conclusion from all our observations and comparisons, would seem to be, that the Dengue is Protean in its phases, and "*sui generis*" in its nature.

Sequelæ.—A very striking and somewhat protracted debility was a not unfrequent sequel of the disease.

In some instances, among children, a paralysis in the lower extremities occurred, and was of considerable duration; but I believe this serious sequel of the malady has not been permanent in any instance. Dr. W. G. Thomas informs me that several cases of this kind fell under his observation, all of which have recovered, or are convalescing.

The occurrence of such a sequel of the disease as this, indicates that the nervous centers bear very largely the onus of the

disease, and exhibits an intensity of action of the morbid cause, far exceeding the action of the cause of most other forms of fever upon the spinal axis.

When paralysis occurs as a result of convulsive-remittent fever in children, it almost invariably assumes the form of hemiplegia, and is generally of very transient duration.

Treatment.—Many of the milder cases were treated by the exhibition of a mild aperient and a sudorific anodyne. The severer cases seemed to call for the treatment which has been found needful and appropriate in our ordinary form of bilious fever. A mercurial cathartic (generally a pill of mass. hydrarg.), followed by a saline aperient, or a dose of calcined magnesia, was administered at the invasion of the attack. This was followed by the use of sulph. quinine, with or without the addition of an opiate, as circumstances seemed to indicate.

In the large majority of cases, the opiate was found indispensable; for in by far the larger proportion of the cases, the spinal and articular pains were decidedly pronounced, and called loudly for their administration.

Diffusible stimuli were found useful in some cases, in which unusual debility and prostration occurred; but the great mass of the cases were conducted to a satisfactory convalescence by the use of mild tonics.—*North Carolina Med. Jour.*

[In our section of the country, there has not been any of these cases; yet we are informed by many of our Eclectic Physicians, practicing in localities which have been visited by this disease, that Podophyllin and similar remedies, fulfilled every indication; and from these statements, we are induced to think that in this as well as all other diseases, calomel may be discarded.—ED. E. M. J.]

Therapeutical and Pharmaceutical Notes on Cimicifuga.
By EDWARD PARRISH.

At the risk of being charged with traveling out of the legitimate sphere of the pharmacist, I offer to the profession the

following notes on one of the most valuable of our indigenous drugs:

The recent admirable remarks on *cimicifuga*, by Prof. Simpson, of Edinburg, published in the London Medical Times and Gazette, have reminded me of several unpublished cases, in which it has been used with great success. One of these occurred in the practice of my friend and pupil in pharmacy, Dr. Charles Schaffer, who employed the resinoid active principle, known in commerce as *cimicifugin*, at my suggestion, in an anomalous case, which, with the other treatment, I shall describe as related to me.

The patient was a lady of about forty-six years of age, thin and anæmic, of highly nervous temperament, yet so weak as to be unable to walk a quarter of a mile without suffering great fatigue; her appetite was exceedingly poor, almost amounting to loathing of food; she often ate nothing at breakfast, and but little at other meals; her urine was observed to be frequently loaded with uric acid and urate of ammonia, especially after undue exercise. She had been partially in this condition for a number of years, but within the few months preceding, suffered from the additional trouble of wakefulness, which now amounted to a serious matter, as she would sleep but three or four hours out of the twenty-four, and, of course, suffered the consequences; this last symptom had, probably, some connection with mental disturbance, caused by the recent death of an intimate friend.

For these symptoms, and especially the great lassitude and weakness, she was freely treated with tonics and stimulants, such as proto-carbonate of iron and quassia, and, at bed-time, Dover's powder, etc., with very partial success, the morbid vigilance seeming to be aggravated by the stimulating action of the opiates, although sleep was frequently obtained the next day as a result of the great weariness. Valerian, asafoetida, chloroform, ether, and conium, were also resorted to, with neither complete nor permanent success; chloroform gave the best results of any of the sedatives, but it produced such nausea that the patient was obliged to discontinue it. Sponging with whisky and the use of syrup of wild cherry, with small doses of hydrocyanic acid, at retiring, were the most effectual palliatives for the wakefulness, and the use of solution of caustic

potassa diminished the urinary deposits; but there was felt to be a want of some remedial agency to reach the *cause* of the unusually persistent symptoms. The resin of *cimicifuga* was employed to this end, beginning with quarter-grain doses, three or four times a day, according to circumstances; this, though occasionally producing headache, was immediately successful, inducing quiet sleep, restoring the appetite, and gradually diminishing the urinary deposit.

Iron, which had been used at intervals from the first, was now combined with the resin; the health of the patient continued to improve; at the date of this information she could walk a mile or more without unpleasant fatigue; loses but one or two hours of the nine or ten allotted to sleep, and that from the habitual dread of wakefulness rather than from any physical cause.

The results, in this case, seem to indicate a trial of *cimicifuga* in anomalous cases of nervous disorder resisting ordinary stimulant and sedative treatment, and the many cases of chorea and rheumatism on record, in which it has been found effectual, the testimony now coming across the water from the distinguished Edinburgh Professor, who has used it successfully in puerperal hypochondriasis, must draw increased attention to it as filling up a gap in the *materia medica*. Of the drug itself, too little is known by practitioners, who, in their daily rounds, pass by its nodding racemes projecting above the fence tops, from Canada to Florida, without the least chagrin that some of its most valuable adaptations should be first brought to notice in a foreign land. This root is well described by Dr. Wood in the Dispensatory, but one remarkable character has not been mentioned in any of the descriptions which I have seen; it is the peculiar appearance of the cross section of the rootlets; owing to the irregular shrinkage of the central ligneous portion, which is of a light color, while the external layers are nearly black, the fracture displays a star-shaped or lobed figure, frequently with five divisions, though sometimes with three, and often four resembling the Maltese cross. The rough and contorted head forms by far the largest part of the drug as found in the shops; it is hard and resinous, and possesses a peculiar, though not very strong odor, which is lost by age and deterioration. This drug is so little called for in the

shops that it is generally laid away on a shelf till it is perhaps covered with mold, and has lost any volatile ingredient which may be supposed to add to its efficiency. Let this fact have its weight in estimating its efficiency from past experience.

The preparations in use are the powder, very ineligible, requiring to be given in 20 to 60 grain doses. The tincture which, though not officinal, is made usually in about the proportion of two ounces to the pint of diluted alcohol, and given in a dose of a teaspoonful or more. The fluid extract which, like most of this class of preparations, is designed to represent the drug in the proportion of a fluid ounce to each ounce, and is appropriately given in the dose of 30 drops. The solid extract, which is also unofficinal, and seldom met with, is well adapted to the pillular form, eight grains representing a drachm of the root; dose, 3 to 8 grains.

The so-called active resinoid principle cimicifugin or macrotin, as called by some manufacturers, originated with the Western School of "Eclectics," who carry a certain method of preparation to a ridiculous extreme, using it for nearly all drugs. This method consists in thoroughly exhausting the drug by strong alcohol, concentrating to a syrupy consistence, and precipitating by water; a process which seems well adapted to this and several other drugs. As thus prepared, cimicifugin is a dry, insoluble powder, active in doses of a quarter to half a grain, sometimes increased to one grain, and, excepting in the partial loss of the volatile odorous principle, it seems a good representative of the root itself.

[We think it better to use a good remedy too much, than not enough. Dr. Procter has ever manifested a degree of fairness in regard to the claims of the Eclectic profession.—ED. E. M. JOURNAL.]

On the Question of Change of Type in Fever. By Dr. TWEEDIE, Physician to the London Fever Hospital, etc.

"If," says Dr. Tweedie, in the lectures already referred to, "we examine closely this theory as applicable to the acute diseases of the last thirty years—and this can only be undertaken

by those who have witnessed and studied their type during the period referred to—and weigh dispassionately the evidence adduced, more especially by nature herself, I apprehend that the true explanation of the difference of treatment will be found to consist in the more cautious or restricted notions now entertained as to the necessity for the heroic remedies formerly so freely, and I may say indiscriminately, adopted. Even those who are in favor of this doctrine, can not assert that the pathological phenomena of acute diseases have undergone a change, for the symptoms, general and local, and all the essential morbid processes of the entire class of pyrexial diseases, have not undergone the slightest alteration; and if the evidence as to the depressed or asthenic condition of the vital powers be scrutinized, I have a strong impression that the conclusions adopted, more especially in reference to fevers as a class, are not warranted by facts. And how important is it to form a correct judgment of this doctrine, since it determines the line of treatment to be pursued, and may even involve the safety of many valuable lives!

“The subject has not escaped my attention, and I have come to the conclusion, that though certain cyclical differences in acute diseases, of longer or shorter duration, may have been occasionally detected, the notion of change of type, as regards the various forms of fever, has been greatly exaggerated.

“Let me state the grounds upon which I have come to this conclusion, which I admit is at variance with the ideas of many physicians whose knowledge and judgment entitle them to great consideration.

“We find that Sydenham, who is considered to be the author of this change-of-type theory, cautioned the medical men of his day against too hastily determining the treatment of a new epidemic—until, in short, the practitioner and the disease were better acquainted—on the reasonable ground, that epidemics assumed at one time a more acute or phlogistic, at another a less acute, or asthenic character; but we do not find that he had observed a change in one direction only, and for so lengthened a period as considerably more than a quarter of a century. If the records of epidemics of other varieties of fever be examined—the eruptive, for example—it will be evident that, during the same period (in small-pox, measles, and scarlet

fever), every variety or modification of type has been observed, the type being sometimes acute, sometimes more or less asthenic, and requiring, consequently, variation in treatment.

"I apprehend that the true explanation will be found in the fact that, until very recently, little or no attention has been paid to the ever-varying differences in form which fever assumes—at one time typhas, at another enteric or typhoid, or it may be relapsing fever, constituting the features of the prevalent fever, though it should be kept in view that, whatever be the character or type of an epidemic, individual differences arise, according to the peculiar circumstances in which a single individual, or a number of persons, or a community, may be accidentally placed. The question of the identity or non-identity of the several forms of continued fevers thus becomes of the greatest importance in relation to the change-of-type theory. For example, the great argument adduced by those who support the doctrine is, the decided results in the Edinburgh epidemic of 1817–20—and which I had the opportunity of witnessing—of the large indiscriminate bleedings in diminishing the mortality. This argument, however, loses much of its intended effect when it is considered that by much the larger number of cases consisted of relapsing fever—a form the mortality from which has already been shown to be exceedingly small under any kind of treatment; and that the death-rate has been even less when no blood was abstracted at all. As in other epidemics, the mildness or severity of the fever has varied at different times. We are told, somewhat exultingly, that under the unnecessarily profuse phlebotomy practiced in 1817–20, the mortality did not exceed 1 in 22 at any period of the disease, and was reduced so low as 1 in 30 as the epidemic spread; but in the argument it has been overlooked that the mortality of this fever is liable to much variation. For example, in the epidemic of 1843, the history of which has been given by Dr. Cormack, the deaths were 1 in 16; of the cases recorded by Dr. Wardell (1843–4), it was 1 to 20; and of 203 cases treated in the Edinburgh Infirmary in 1848–9, there were only 8 deaths; and if we extend our inquiries to other places, we find that of 7804 cases of relapsing fever admitted into the Glasgow Infirmary, between the years 1843 and 1853, the deaths were 405, or about 5 per cent.; and in the London Fever Hos-

pital, of 441 cases admitted during ten years (1848 to 1857), 11 died, or in the ratio of about 1 to 40.

"This variation in the mortality could not be ascribed to the remedies employed; for Dr. Cormack states, that having been urged by medical friends to test the effects of blood-letting, he instituted trials of this remedy, but candidly admitted that, though the symptoms were sometimes evidently relieved, the beneficial changes were often not effects but sequences of the bleeding, as was satisfactorily proved by the very same changes frequently occurring as suddenly and unequivocally in patients in the same wards, and affected in the same way, *who were subjected to no treatment whatever*. And in regard to the treatment instituted at the London Fever Hospital, when the mortality of relapsing fever did not exceed one in forty, with scarcely an exception, no blood was abstracted at any period of the disease.

"It is clear, therefore, that the change-of-type theory can not rest on comparison of the treatment by indiscriminate phlebotomy formerly practiced, when all acute diseases, including fevers, were supposed to be under the dominion of the lancet.

"But though the grounds on which the question has been argued are, in my opinion, erroneous, one good result has followed in the death-blow which the practice of indiscriminate phlebotomy, formerly adopted in all acute maladies, has received; for, too often, little or no regard was paid to individual peculiarities, or even to the stage of the disease for which the bleeding was employed. The inquiry was simply as to the existence of fever or of inflammation; and, the question once settled, the lancet was unsheathed, and much blood unnecessarily shed, and from the effects of which the patient did not recover, perhaps, for months. But, on the other hand, there is great hazard of many important diseases being allowed to gain the ascendancy from the indecision that has resulted from the complete alteration of therapeutic principles which the discussion of this question has brought about. * * *

"It is consoling to observe that, in the present day, there is a more just appreciation of the powers of curative agents, as well as of the principles on which they should be applied, not only in acute but in chronic diseases. This is the consequence of studying the effects of disease on individual structures, and of

the efficacy or inefficacy of remedies to subdue the changes that take place when certain morbid actions have become established. We are now, or ought to be, satisfied, that the most scientific, as well as the most successful course, in many acute diseases, after a certain period, is, not to interfere too much, if at all, with the operations of nature in her efforts to repair the injury the parts or organs have sustained by disease."

[*Lancet*, May 19, 1860.

The Commercial Hospital of Cincinnati.

A movement is now on foot to sever the connection existing between this Hospital and the Medical College of Ohio. When the Legislature granted the charter to the College, it also made it the duty of the Faculty to render all medical and surgical service to the Hospital, for which the Faculty had power to introduce students to witness treatment and operations. The College has therefore had exclusive medical control of the Hospital. For some years, much dissatisfaction has been expressed at this arrangement, both in and out of the profession. It has been deemed to be a monopoly, unjust to the profession, to the Hospital, and injurious to the College; while the City Council has been, and is still, opposed to erecting a new hospital building, so long as the College continues to exercise its present power.

Some years since, the (then) Faculty of the College conceded the right, or privilege, to the Directors of the City Infirmary, to sell tickets to the clinical lectures to students of other schools. The Directors continued to exercise this grant until the beginning of the medical course of this winter, when they were deprived of the privilege by an injunction granted by the Superior Court, at the instigation of the present Faculty of the College.

The students of the Cincinnati College of Medicine and Surgery, therefore, petitioned the City Council for relief; or, in other words, asked the Council to grant them the privilege of attending the clinical course at the Hospital. This petition was referred to a special committee, whose printed report we

have before us. The report was adopted by the Council, as also a resolution authorizing the City Solicitor to urge the Legislature to sever the connection existing between the College and Hospital, and place the Hospital under the exclusive control of the city. We heartily indorse the report and the resolution. The idea and necessity of having clinical lectures delivered in the Hospital to all students, of every school, is fully and ably set forth in the report.

The present Hospital was originated by the late Dr. Daniel Drake, who also applied for the charter of the Medical College of Ohio. The Legislature, no doubt, performed a wise act, at that time, both for the Hospital and College, in giving the medical and surgical service to the Faculty of the College. In 1821, when the Hospital was incorporated, Cincinnati was a very small town, and the profession was also small and unable to attend the Hospital without compensation. But now, in 1860, matters have changed in several respects. We have a large profession, many of which are well qualified to take charge of the Hospital, and are willing to do so. At present, the exclusive medical control of the Hospital is a huge monopoly, inconsistent with the spirit of our institutions, and insulting and grievous to the profession. It is a monopoly, for the reason that the profession who are tax-payers in the city, are excluded, and impliedly are told that there is no one in their ranks equal to the task of attending it. Still more, it is a monopoly in that, men are brought to the city and elected Professors, and become immediately physicians to the Hospital, an institution to which they never have paid one cent of tax. That such men are better physicians and surgeons than those who enjoy the confidence of our first citizens, is not for one moment to be supposed. As an instance in point, two members of the present Faculty are not residents of the city, and another one has never practiced medicine; so that we have four physicians only to attend such a large establishment as the Commercial Hospital. It must not be forgotten, that this Faculty has to give the course of instruction in the school during the session, attend the Hospital—and every intelligent physician is aware how much time is required, if the service is well done,—and after this, attend to their private patients. Will any one say that any set of men are equal to this? We, for one, speak from expe-

rience, and say, they are not. We had occasion to express the same opinion, some two years ago, in this journal. We favor the separation of the Hospital from the College, for the reason that the City Council will not erect a new building until the Hospital is placed under its control. We do not think there is any one who will say that a new building is not imperatively demanded. We think every Hospital should have its medical staff unconnected with any or all other schools.

We propose, that the control of the College shall be removed by the Legislature, and that it shall be placed under a board of six or nine Governors, to be appointed by the City Council or the Superior Court, or both. To take the management of the Hospital out of politics and prevent any corruption, we shall urge on the Legislature the propriety of making the office of Governor of the Hospital one without salary. It is a shame that any set of men in this day, and in this large city, should receive one cent for dispensing the charity of the Hospital.

When this board shall be organized, we shall urge on it the appointment of three or four physicians, the same number of surgeons, an obstetrician, an oculist, and a pathological anatomist. With this arrangement, daily clinical lectures on medicine and surgery, could and should be given. The Hospital would have a staff, different from what it is at present. Now there is but one surgeon, a state of affairs which does not exist in any other Hospital of its size in the world. When a new building is erected, there will be two lecture rooms, and then students can have the choice of hearing a clinical lecture on medicine or surgery, as they may see fit. But we hear the objection, how are you to find time for daily clinical lectures? Let the visit of the physician and surgeon be made at 7½ o'clock, A. M., and the service and lecture continue till 9½, A. M., and thus, every day, can the student have most important instruction—that at the bedside.

Under this arrangement, we will have what our advantages so well merit—a large number of students. We have a Hospital crowded almost constantly, and if it was twice the size of the present building, it would be filled with patients. The Directors are forced to send many patients to the Infirmary, located seven miles from the city, for the reason that there is

not room enough in the present Hospital building. Indeed, at the present time, there are over two hundred persons at the Infirmary, many of whom are subjects for the Hospital, and deserve the careful treatment and nursing of that institution. We do not make over-estimates, when we say, that, if the city had a building large enough for Hospital purposes, it would be occupied with more than three hundred patients constantly. What a field for clinical instruction! Is there another city in the West with such an amount of material? We certainly say that clinical instruction and observation, in their large and full sense, are worth more to the student than a didactic course of lectures. Let us, then, have the Hospital separated from the College, and organized with a staff of physicians and surgeons who shall deliver clinical lectures daily.

The Medical College of Ohio will be benefited by the change. Its Faculty will be relieved of an onerous and exacting duty, which sorely taxes them, and for which they are unequal, from the great amount of labor incident to their positions.

Just as we are going to press, the following resolutions were passed at a large meeting of the regular profession, held in the Dental College, January 16th:—

WHEREAS, The legal connection existing between the Commercial Hospital of this city, and the Medical College of Ohio, by which the latter institution is entitled to exclusive medical and surgical attendance, is a monopoly grievous to the regular medical profession, and fails to carry out one of the most important objects of all modern hospitals—the giving of the best and most efficient clinical instruction; and whereas, this control, so exercised by the said College, is preventing and will prevent the erection of a new building, so much needed by the sick, and is at the same time proving injurious to the success and welfare of the College; and whereas, the regular medical profession is desirous of seeing the city occupy the position it so well deserves—the first point in the West for clinical advantages; and whereas, the City Council has authorized the City Solicitor to visit Columbus, and urge on the Legislature the propriety and necessity of separating the Hospital from the College; therefore, be it

Resolved, That in the opinion of this meeting, the connection existing between the two institutions should be severed.

Resolved, That a committee of five be appointed to visit Columbus, and join the City Solicitor in urging the separation of the two institutions.

Resolved, That in urging this action on the Legislature, we do so from no hostile feelings to either the Hospital or College, but believe both institutions will be benefited by the change.

Resolved, That it be recommended to the Legislature to pass a law, placing the Hospital under a board of five Governors, to be appointed, three by the Superior

Court of this county, and two by the Mayor; and that said Governors shall be appointed for five years, one to go out of office every year, and that they shall receive no salary.

[*Cincinnati Lancet and Observer.*]

Inhalation of Nitrate of Silver.

[To the Editor of the American Medical Times.]

SIR:—I notice in your number of February 2, an article upon the Inhalation of Nitrate of Silver, by Dr. Fetter. I fully agree with the Doctor, that if nitrate of silver must pass below the epiglottis, that his method, or something similar, is far preferable to the use of the probang. But what particular advantage, other than that of economy, his method can have over the caustic pulverizer, as previously used, I am at a loss to see. Both, in my estimation, have their disadvantages, and perhaps dangers. I must confess that I would not be willing to make a "strong inhalation or inspiration" upon a heap of powdered nitrate of silver, placed in a "small glass tube," for a reason which is by no means fancied. Having been a sufferer, I have tried to do it. I found that unless I was extremely cautious and gentle in my inspiration, the mass was pretty sure to go in a body, and either lodge somewhere on the back of the pharynx, about the glottis, or along the larynx, and give rise to very unpleasant sensations. I therefore abandoned this process, as I had previously done the probang, and after a number of subsequent plans, finally hit upon the following, which I found in all respects safe and most efficient, and which I sent to the Chicago Medical Journal, July, 1858, from which I quote:

"I pulverize the nitrate of silver in a moderately heated wedgewood mortar, to an impalpable powder; I then triturate it with sugar of milk, according to the strength which I desire—generally mixing them in the proportion of one part of the caustic to two of sugar of milk. This powder I put into a glass-stoppered jar of the pint or quart size, being careful to have the jar thoroughly dry by heating it. I place in the patient's mouth a glass or tin tube, one inch in diameter, and some eight or ten inches in length. Giving the jar a good shake and pulling out the stopper, I tell the patient to plunge

the tube into the mouth of the jar, and inhale. The cloud of powder which was seen floating in the jar, passes into and sprinkles the air-passages thoroughly. From one to three inhalations at a time is sufficient, and about twice or thrice a week. The powder can be kept in good condition for about a month, the main trouble being the heating the jar every time you wish to use it, in order to drive off whatever atmospheric moisture may have collected. In all instances where it is desirable to go below the epiglottis with this remedy, I know of no way more efficacious than this, and, being simple, it is within the reach of all."

Yorkville, Feb., 1861.

W. H. STUDLY, M.D.

On the Use of Mullein (Verbascum Thapsus) in Chronic Bronchitis. By H. WILSON, M.D., of Boonsboro', Md.

Chronic bronchitis is universally admitted to be one of the most obstinate and difficult affections with which physicians have to deal. This difficulty proceeds more from the locality, than the nature of the disease; more from a want of access to the mucous membrane of the bronchiæ, than from the absence of proper remedies to control the affection. Counter-irritation and the inhalation of chlorine, iodine, and expectorants, with such like means, have been used for centuries, but all physicians know, from experience, that the benefits derived from their use are merely temporary and palliative, and seldom bring about a radical cure; still they are the best remedies which we have at command, and it is but right that we should avail ourselves of their medicinal virtues. The long standing inflammation of the lining membrane of the bronchiæ seems to demand the contact and application of some powerful agent, in order to produce a new impression, and thereby change the morbid action of the part, before a healthy reaction ensues.

* * * * *

The frequency with which bronchitis is met among clergymen and others, renders the discovery and use of any means which may be serviceable, either as palliative or curative, a

matter of importance. For several years past I have been in the habit of using a remedy, which may not be new, but which far surpasses that of any other which I have tried in relieving, and, in many instances, entirely eradicating the affection. I refer to the leaves of the common mullein (*verbascum thapsus*), dried, and smoked in a pipe. In that form of the disease in which there is a dryness of the trachea, *with a constant desire to clear the throat*, attended with little expectoration and considerable pain in the part affected, the mullein, smoked through a pipe, acts like a charm, and affords instant relief. It seems to act as an anodyne in allaying irritation, while it promotes expectoration and removes that glutinous mucus which gathers in the larynx; and at the same time, by some unknown power, completely changes the character of the disease, and, if persevered in, will produce a radical cure.

In no respects are its beneficial effects more striking than in its power of immediately allaying the desire of "clearing the throat," which is a source of constant annoyance to the patient, and which is so apt to disturb his rest at night. The remedy needs but to be tried to prove its efficacy.

* * * * *

The mullein may be gathered from almost any field at all seasons, and should be first dried, and the leaves smoked in a pipe like tobacco, at least two or three times a day. It is not unpleasant, and, unlike tobacco, requires almost constant smoking or drawing, or the fire will go out.

The remedy is simple and harmless, but potent. It is one of those means which nature has so bountifully supplied, which are within the reach of all, and is but an evidence that we need not resort to chemical combinations for all our most valuable remedial agents; but if we look around, we may find them at hand ready for application.—*Journal of Materia Medica.*

PART THIRD.

CLINICAL REPORTS.

*Newton's Clinical Institute. — Winter Session of 1860-'61. —
Services of Prof. R. S. NEWTON.*

GRANULAR OPTHALMIA. — I now present to your notice, DANIEL O'BRIEN, who has been afflicted with sore eyes for the past two years. He states that he used to work in a finishing shop, but now he can not work at all. This is a case of acute ophthalmia, with granulated eyelids. There is some disease of the ball of the eye. The upper lid seems to be the most inflamed. There has been, and there still is, a degree of congestion of the vessels, and which may result in opacity of the cornea. He says he has not been able to see across the street for the past three months. The inflammation has been slowly developed. The granulation of the lids produce and keep up irritation of the ball of the eye, and the result is irritation of the whole eye. Now, the enlargement of the small, delicate glands constitute granulations of the lids. There has been some change of structure produced. He has no pain in the head, and his general health seems fair. You will remark that he says that he has, as he terms it, a cutting sensation in the eyes, and that they are always worse in the afternoon.

In this case, I will recommend the following as a collyrium, to be applied three or four times a day :—

R.—Zinci Sulph., grs. ij.
Morphiæ, grs. iij.
Soluble Hydrastin, grs. v.
Aquæ, 3 ij. M.

I will also order, internally,—

R.—Quiniæ Sulph., grs. x.
Tinct. Gelsem. Con., gtt. xl.
Syr. Zingiberis, 3 j. M.

Of which he will take a teaspoonful, morning and night.

When he comes before the Class again, if it is a clearer day, I will remove the granulations from the eyelids. It is one of the questions in ophthalmic surgery, whether granulated lids can be cured or not. I have taught that they can be cured, having treated them successfully time and again. I know that the doctrine of incurability is not true; hence I will give you an opportunity to see the method I shall adopt in treating them.

Chronic Rheumatism. — This patient, ALEXANDER GRANT, aged 52 years, states that he has been suffering nine months. You observe the little and ring finger of the left hand are entirely powerless; yet he complains of intense pain in them. It is a case, I think, of chronic rheumatism. He was seized with acute pain at first, which affected these two fingers. He states that they pain him all the time, and pressure on them is unbearable. The redness and inflammation, when he was first attacked, lasted about a week, and then his fingers became useless. He has never had swelling of the ankles or elbows, and never had rheumatism before. He also states that he suffers most in the afternoon. He says the pain is so great, he can not sleep at night, but has to get up and walk. There is a great deal of heat in the hand at times. He states he has had his fingers injected and painted, as he terms it, with Iodine, and has, he thinks, taken the Iodide of Potassium, has taken Morphia, but it acted so badly with him, he thinks the remedy as bad as the disease. He informs me he was in the Hospital for three months, and is as bad as when he went in. Probably the injection of which he speaks, was Atropia or Morphia. This case is nothing more than chronic rheumatism of the hand, and one now of the most severe nature, being of so long standing.

The difficulty in these cases, is where the disease is located in the nerves or in the sheath of the nerve; in other words, in the substance of the nerve, or in its surface. Rheumatism is said by some to be a constitutional disease. There is now, in this case, thickening of the tendons. There is evidently thickening also of the synovial membrane. It is in these cases, we find deposits taking place, producing more or less disease of the joint, and which may result in ankylosis. There

is a tendency to enlargement of the joint. Now we may have ankylosis when enlargement takes place, or when the circulation is cut off, from the want of sufficient nervous energy in the part. The blood does not stimulate the part; hence we have that smooth appearance which is always found in rheumatism. In acute cases, we have more swelling, and we have a peculiar smoothness about the part. This is characteristic, and will enable you to distinguish it in all cases. Now, this case can not be considered anything but rheumatism. If it was neuralgia, we should not have the amount of swelling. If gout, the pain would come on in the latter part of the night. He says he has pain whenever he lies down; that is pathognomonic of rheumatism, so that you can no more be mistaken, than by redness in the acute stage. Now, the course of treatment adopted in this case, and in all cases, is more or less empirical. We know what indications we desire to fulfil, but I do not believe that it is in the power of science to say what will cure such a case; hence you have got to prescribe and continue, from time to time, until you get some remedy which will act specifically upon the part. Now, the treatment which I shall put him upon at present, is as follows:

Take a gallon of Water, and add Salt enough to make a saturated solution; make it as hot as he can bear it, and place the hand and arm into it as high as the elbow; this may be done three times a day; hold the hand and arm in for twenty minutes at a time; and on each succeeding day, I would have him apply Vinegar in the same way, alternately. After removing the hand, rub the part gently, beginning with the fingers, so as not to produce irritation. Now, in this case, no doubt, there is more or less injury of the substance of the nerves; hence we will find much advantage by the use of some revulsive agent to the spine. The application for this would be Granville's Lotion, applied perhaps both night and morning. We will order, then—

R.—Granville's Lotion, 3 ij.
Spts. Camphor, 3 ij.

M. ft. Linimentum.

This Liniment was used by a London physician, in the treatment of his cases, and in many he was successful, and obtained

a large amount of practice. He published a book, called "Granville on Counter-Irritation." The profession became jealous of him, and he gave them his recipe.

The medical profession is called the learned and liberal profession. I will admit it is a learned profession; but that it is a *liberal* one, I can not say. I do not know why it should not be. If a man has a particular remedy or treatment, whereby the lives of fellow sufferers could be saved, nothing can be more proper than revealing it.

We have many students scattered throughout the country, who, if they would send the results of their observation—as they should do—to the Eclectic Journal, and if we could have the experience of the different practitioners, we would be benefited. Although I have told them so repeatedly, yet they do not do it. If one quarter of the graduates of this Institute would give us the results of their practice, it would be an amount of information that could not be got in any other way. If practitioners are successful in treating disease, they ought to be willing for others to adopt their treatment, and enjoy the benefit of it.

Now, at this time, while the malady called diphtheria is raging throughout the country, I suppose for the last three months I have received hundreds of letters from all parts of the United States, requiring information about this peculiar affection. We call upon graduates, to speak about this disease. It is a disease that will call out the advice of the profession. Some of you have read the Journal. The result is, that we have got out of the Eclectic physicians all over the country, about three and a half pages. I received a letter from a gentleman, who had 149 cases, occurring in his neighborhood, and he says they all died. He asked me if there was anything that could cure it. I had no time to write to that gentleman, but I sent him all the Journals I had that contained articles upon it, and gave him the benefit of the treatment I have adopted here. He has written that he has not lost a patient since. I hope that when this Class leave the College, they will not prove so lazy as others have. If gentlemen who built up this College, adopted this method, what would the School come to? Hence I hope the Class will consider this matter in regard to their treatment of all forms of disease.

PART FOUR.

EDITORIAL.

ECLECTIC MEDICAL INSTITUTE.

The closing exercises of the Winter Session of 1860-'61, were held in the Hall of the College on Wednesday evening, February 6, 1861.

Rev. G. T. FLANDERS opened the exercises by prayer.

Prof. R. S. NEWTON made the report of the past session, from which it appeared, that during the session there had been sixty-five matriculants; out of which number, twenty-nine had been adjudged worthy to receive the degree of Doctor of Medicine.

The graduates were called around the rostrum and addressed by W. F. HURLBUT, Esq., President of the Board of Trustees. At the close of his remarks, he conferred the degree upon each of the following members of the Class :—

Names.	Residence.
A. L. CLARK,	Illinois.
A. W. COLE,	Tennessee.
E. N. CUSHING,	Mississippi.
H. S. ETHERIDGE,	Virginia.
S. W. ESTEN,	Rhode Island.
C. S. EDWARDS,	Arkansas.
G. H. FIELD,	Illinois.
O. K. GRIFFITH,	Illinois.
G. W. HULL,	Missouri.
R. HUTCHINS,	Indiana.
W. E. JONES,	Georgia.
J. D. JONES,	Mississippi.
R. C. KIBLER,	South Carolina.
J. B. LEWIS,	Indiana.
F. R. LINCOLN,	Illinois.

Names.	Residence.
T. J. LORD,	Indiana.
B. S. MEDLOCK,	Mississippi.
J. H. MITCHELL,	Missouri.
W. W. MOORE,	Mississippi.
E. C. PERRY,	Ohio.
G. H. PLUMLEY,	Vermont.
H. C. ROBBINS,	Massachusetts.
N. H. SIDWELL,	Ohio.
J. G. STINE,	Ohio.
W. O. STONE,	Indiana.
W. W. TEAGUE,	Indiana.
G. H. WALLING,	Rhode Island.
H. K. WHITFORD,	Illinois.
F. H. YOUST,	Virginia.

The Honorary degree was conferred on the following:—

L. T. DE BEAUMONT,	Louisiana.
LOUIS REINACH,	Tennessee.

After which the Class was addressed, on the part of the Faculty, by Prof. H. D. GARRISON.

The exercises of the evening were interspersed with music by Menter's Cornet Band, which contributed no little to the enjoyments of the occasion.

N.

PROF. C. T. HART, M.D.

We regret to have to inform the readers of the Journal, that Dr. HART has been compelled to discontinue his relation to the Eclectic Medical Institute, as Professor of Physiology, etc., which he has filled with so much honor to himself and benefit to the School.

The Doctor carries with him the warmest and best feelings of all his late colleagues, to whom he had become endeared by his courteous manners and gentlemanly deportment, as well as his untiring energy to make his department acceptable and

profitable to the students. We hope the business matters at his childhood home—which alone induced him to make this move—will be so arranged as to enable him, at some future time, to resume his position and labors in the School.

Dr. H. will still assist in the editorial department of the Journal.

His post-office address, for the present, will be, Rushville, Buchanan Co., Mo. N.

THE COMMERCIAL HOSPITAL.

On page 204 will be found an article from the *Lancet*, of this city, upon this institution. Since the above was in type, the Bill has passed and become a law. Hereafter the students of the Eclectic Medical Institute, and all other Medical Colleges of this city, will stand upon equal ground as regards Hospital privileges, and no longer will any student be made to feel, as heretofore, that the Faculty of the Ohio Medical College have granted him a special favor by admitting him into the Commercial Hospital.

The old monopoly is now broken up by the new law just passed, and it will not be long until the whole matter will pass entirely from the hands of the present organization.

At the next Fall Session of our School, the students of the Institute will enjoy the full benefits of the Hospital. This is by special act of the Legislature, and which should have been done years ago.

It is in contemplation by the City Council, to build a new Hospital upon a grand scale. This is much wanted, and should be completed as soon as possible. When done, medical students may derive as much benefit from Hospital privileges in this city, as any other.

A system of clinical instruction might be inaugurated in this city, that would draw thousands of students here yearly.

N.

THE PHILADELPHIA IMBROGLIO.

In the February number of this Journal, we published a letter from Dr. Hollemback, of the Eclectic Medical College of Pennsylvania, giving his statement of the causes which led to a rupture in their school, without any comment or indorsement. At this, Dr. Paine takes serious umbrage, and, after trying by threats of prosecution, proscription of our books, and playing the mischief with us generally, he at last vents his wrath in two nonsensical (but which he doubtless considers extremely bitter) articles, in the March number of his journal—not on the writer of the article, but on one of the editors of our journal. We notice them merely as *lusus naturæ* in journalism.

First, he objects to the writer of the communication in the following delectable terms: “from one of the most ignorant and depraved of all God’s creatures,”—“a poor, ignorant, silly, steam and pepper fellow, who has no reputation nor influence outside of a lager-beer shop,”—“mere parasite of humanity.” He does not once mention the name of the writer—Dr. Hollemback—who is widely known, and has a reputation with his readers; but sets up his ideal *fellow*, to give us the better whipping.

What kind of a man is Dr. Hollemback?

We will quote from Dr. Paine’s own writings before he seceded from the College, as charged by Prof. Hollemback; therefore, the evidence must be good:

“Dr. Hollemback is one of the oldest pioneers in medical reform, having received his early education in one of the most popular Allopathic Colleges in the Union. He is acquainted with all the resources of that branch of the profession. For the last fifteen years, he has been identified with the great American movement to reform the medical profession,” etc.—*Phila. Jour.*, May, 1856.

“Prof. Hollemback has been, for a number of years, engaged in collecting materials for a work on *Materia Medica*, etc. Professor Hollemback’s extensive acquaintance with this department of the profession, most amply qualifies him to present to the profession a work of intrinsic value.”—*Ibid.*, March, 1858.

We could give other quotations from the same source, but think that is sufficient. We are aware that Dr. Paine is much given to writing *fiction*, but as the above quotations are corroborated by other evidence, we take it as somewhat near the truth.

Dr. Paine remarks, that "his college has purged itself of *pepperism*." An open confession is good for the soul. Doctor, we have heard it insinuated before, that it was nothing but a *mongrel botanical school*, but have been loth to believe it, and yet the old college—Hollemback, Stites, Calkins, Chase, Holland, and Paine—instead of being purged, merely vomited up Dr. Paine. He considered its doctrines good enough for him, for several years. We would like to ask the Doctor, when he became a better Eclectic than others?

In conclusion, Dr. Paine intimates that we published the article because we were envious of the large classes attending his college. His *large classes* are like a great many other *large things*, still in the womb of futurity, and therefore could have no bearing in the case. We published it simply as an act of *justice* to Dr. Hollemback and his colleagues, as they had no other means to reach the profession. s.

MATERIA MEDICA AND THERAPEUTICS.

We have often heard it remarked, that though some branches of medicine might be classed with the exact sciences, yet the administration of medicine, or therapeutics, had nothing of science in it; was, in fact, nothing but empiricism. This view of practical medicine is certainly very humiliating, and, as I believe, incorrect. There are very many therapeutic laws, as well established as any facts can be, and it should be the aim of all to develop, as far as they can, these fixed principles in the administration of remedies.

Believing that there were principles to guide us in the administration of remedies for the cure of disease, the writer, in connection with Prof. L. E. Jones, engaged in a work on *Materia Medica*. Without wishing to become amenable to the charge of egotism, I believe the careful reader of that volume

will come to the conclusions that I have stated above. It was quite a serious undertaking to attempt to sift the mass of writings on this subject, to preserve what was valuable, and discard what was worthless. In this work, Dr. Jones spent fifteen years, his colaborer three, and, though the work was not as well done as it might have been by others, yet they have made a valuable addition to practical medicine.

All those agents employed by Eclectics have received full consideration; many facts in relation to them being published now for the first time. As the agents are grouped together according to their therapeutic properties, it becomes very valuable to the practitioner as a work of reference. In addition, there are some eighty pages of formula and combinations, showing the manner in which agents are combined and administered.

s.

CIRCULAR OF THE ACADEMY OF VETERINARY
MEDICINE AND SURGERY, OF CINCINNATI,
OHIO. INCORPORATED, FEB. 27, 1861.

The necessity for an Institution of this kind, is evident from the fact, that the husbandmen of this State are the owners of live stock, to the amount of about one hundred millions of dollars; hence have great interests at stake in the welfare and treatment of diseases incidental to the same.

DEPARTMENTS OF TUITION.

Anatomy and Physiology.—The Lectures on Anatomy and Physiology, will be demonstrated and illustrated by dissection, and by means of diagrams, skeletons, and prepared anatomical specimens.

Theory and Practice of Veterinary Medicine.—Ample means for acquiring a fundamental knowledge of the Theory and Practice of Veterinary Medicine, occur in the practice of the Principal of the Academy, and the same is also taught through the medium of daily Lectures and Recitations.

Chemistry.—The students will be furnished with tickets,

which shall admit them to a course of Lectures on Chemistry, to be given at one of the Medical Colleges of this city.

Text Books.—The Text Books used in this School, are as follows :—

ANATOMY AND PHYSIOLOGY: *Percivall, Blaine, Dadd, Carpenter.*

CHEMISTRY AND PHARMACY: *Morton's Manual of Pharmacy*, and the ordinary Text Books of the Schools of Medicine.

MATERIA MEDICA: *Findlay Dun*, United States and Eclectic Dispensatory.

THEORY AND PRACTICE: "*Blaine's Outlines of the Veterinary Art*," *Dadd on the Treatment of Diseases of Horses and Cattle.* *Youatt on the same subjects*, and *Percivall's Hippopathology.*

VETERINARY JURISPRUDENCE: *Oliphant*, and the *Revised Statutes of Ohio.*

Regulations.—The regular Session of this School lasts during a period of four months; each student is required to attend two Sessions, ere he can present himself before the board of examiners for a diploma of qualification; yet at the end of the first session, the student receives a certificate to that effect.

Any student having attended one course of Lectures on Human Practice, at any School or College in this, or any other country, can present himself for examination at the termination of one session.

Expenses.—The Expenses are as follows:

First Session, - - - - - \$100.00

Second Session, - - - - - 50.00

Diploma of the Academy, free of charge.

GEORGE H. DADD, V. S.,
CINCINNATI, OHIO.

[The above Institution has been successfully established in this city, and we have no doubt that it will, in the hands of its founder, accomplish much good.—N.]

BOOK AND JOURNAL NOTICES.

A PRACTICAL TREATISE ON MECHANICAL DENTISTRY. By JOSEPH RICHARDSON, D. D. S., M. D., Professor of Mechanical Dentistry in the Ohio College of Dental Surgery. In one octavo volume, pp. 427, with one hundred and ten illustrations. Philadelphia: Lindsay & Blakiston. 1860.

A copy of the above excellent work has been handed us by our esteemed fellow citizen, the author. This treatise fills a *hiatus*, and supplies a demand that has long been felt by the profession. It is arranged in two parts. *Part First*, is devoted to *Metals employed in Dental Laboratory Operations, with Preliminary Observations on the Different Modes of Applying Heat*. *Part Second*, is an elaborate treatise on *Artificial Dentures*—including the preparatory treatment of the mouth; materials and methods employed in obtaining impressions of the mouth; the construction of artificial dentures; the different bases used for dental substitutes; the process of manufacturing block teeth; defects of the palatal organs, and their treatment by artificial means.

It is a concise, practical and methodical treatise, embodying all the material facts and principles of Mechanical Dentistry. To the student or inexperienced practitioner, it is indispensable.

The Dental Register of the West says: "We believe this to be the *first* separate extended treatise on this particular department of dentistry, that has ever graced American authorship. It is with pleasure that we have cursorily glanced over its pages and subject-matter, and are enabled to speak in general terms commendatory of the work.

"We esteem it a privilege here, in being able to express our gratification for the manifest enthusiasm that impels to the production of such a work—a comprehensive one having been long in demand. Emanating from the very authentic source that it does, it could not be well other than what it is—a valuable adjunct to dental literature."

It is printed on good thick paper, and is a model of typographical excellence.

N.

A PRACTICAL TREATISE ON THE *ÆTIOLOGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS.* By WILLIAM BODENHAMER, M.D. Illustrated by sixteen plates, and exemplified by two hundred and eighty-seven cases. In one octavo volume; pp. 368. S. S. & W. Wood. New York: 1860.

We give this work a cordial welcome to our table, both on account of the intrinsic value of the work itself, and our esteem and friendship for the author, who has labored hard, but successfully, for many years in this branch of medical science.

The work is unique, being the only complete, systematic and practical treatise upon the subject ever published. It contains, in addition to his own vast experience, the productions and contributions—to the literature of this subject—of all the eminent surgeons of Europe and America; thus collecting and combining, in a compact and condensed form, what has heretofore been scattered over the two hemispheres, in brief and detached articles, memoirs, and essays, as presented in the transactions of medical societies; in brief monographs; in the different periodicals, etc.

The following is a Synopsis of the Congenital Malformations of the Anus and Rectum, as arranged by the Author:

The Congenital Malformations of the Anus.—1. Preternatural narrowing. 2. Occlusion by a thin membrane. 3. Occlusion by a thick, hard membrane. 4. Partial or complete absence. 5. Abnormal.

The Congenital Malformations of the Rectum.—A.—*Occlusion of the Rectum.* 1. By one membranous septum. 2. By two or more membranous septa.

B.—*Obliteration of the Rectum.*—1. By the agglutination of its parasites. 2. By the puckering of its parietes. 3. By the thickening and induration of its parietes.

C.—*Preternatural Termination of the Rectum.*—1. In a cul-de-sac. 2. In the bladder. 3. In the urethra. 4. In the vagina. 5. In a cloaca in the perinæum with the vagina and urethra. 6. In the ano-perinæal region at different points. 7. In the sacral region.

D.—*Preternatural Termination of other Organs in the*

Rectum.—1. Of the ureters. 2. Of the vagina. 3. Of the uterus.

E.—*Absence of the Rectum*.—1. Partial. 2. Complete.

He classes the above into nine species, each one of which may comprise a greater or a less number of varieties. In this arrangement, the author considers convenience and usefulness, rather than the appearance of scientific precision. He has devoted an immense amount of labor and time in the production of this invaluable work, for which he merits the thanks and gratitude of the entire medical profession.

The book is neatly printed on good white paper, and substantially bound. It is illustrated by beautiful lithograph plates, and altogether does great credit to the enterprising publishers.

A HANDBOOK OF HOSPITAL PRACTICE; OR, AN INTRODUCTION TO THE PRACTICAL STUDY OF MEDICINE AT THE BEDSIDE. By ROBERT D. LYONS, Dublin. One vol., 12 mo., pp. 200. S. S. & W. Wood, 389 Broadway, New York. 1861.

A copy of the above work is before us. It is arranged in two sections. Section First is devoted to *Directions for Clinical Examinations of Patients*, comprising a tabular view of the classes, orders, and special nomenclature of diseases; preliminary examination of patient; percussion; auscultation; expectoration; hemorrhages; vital state of patient; symptoms referable to the lungs; symptoms referable to the heart; clinical examination of the urine; special tests for urinary elements abnormal in quantity or kind. Section Second, contains rules and directions for *Post-mortem Examinations*; also, an appendix, embodying directions for writing prescriptions, a glossary, and blank forms for reporting cases.

To those who desire a work of this kind, we can heartily recommend this *multum in parvo*.

EDITORIAL ABSTRACTS AND CLIPPINGS.

The *Louisville Medical News* closed its existence with the December number. The cause of death will be seen from the following closing editorial of Dr. Benson:

"*To Delinquent Subscribers.*—Gentlemen, your kindness has been our ruin—your favors, our destruction—your smiles, our tears—your approval, our bankruptcy. How rejoiced you must be, when you read this, our epitaph; and with your Havana curling its grateful clouds above you, thank God that you yet outlive the storm. We envy not the digestion of the next meal; but were it shingle nails and crab cider, it should lie more easily upon your stomach, than the consciousness of your injustice, upon your memory.

"*To Subscribers Not in Arrears.*—Gentlemen, we desire to thank you for your promptitude, and express our deep regret that your numbers had not been greater."

[If some other editors had not been willing to lose their money for the good of the cause, we know many medical men, who are now enjoying the benefits of the hard labor of others, would be without a medical journal.—N.]

Cure of Cutaneous Diphtheria by Perchloride of Iron.—

The following case is doubly interesting, both as an example of the effect of a mustard-plaster on the skin, under the influence of a diphtheric epidemic, and as an example of the good effects of the internal and external use of perchloride of iron:

A man, forty-two years of age, of a strong constitution, was seized, in November, 1859, with a subacute form of bronchitis, and as he became delirious in the course of the complaint, Dr. Noir, who was attending him, ordered mustard-plasters to the calves of the legs. The delirium ceased, but the mustard produced a vesication, which disturbed the patient all night. The next day, Dr. Noir opened the vesicles without removing the epidermis, and a quantity of serum escaped, similar to that of blisters. There was great subsequent irritation, however, and Dr. Noir, investigating the cause of the patient's sufferings,

discovered, instead of vesicles, two enormous diphtheritic patches, one on each calf; these patches were of a grayish-white color, irregular and dry, sufficiently hard to give a sound when struck by a spatula, both surrounded by an erysipelatous areola, tending to enlarge, and more painful than the patches themselves. There were at the time several cases of diphtheria among children in the neighborhood. Dr. Noir cauterized all the areolæ with nitrate of silver, in order to prevent the disease from spreading; and he also ordered a draught to be taken, containing twenty drops of tincture of perchloride of iron at frequent intervals. The diphtheritic patches and the inflamed skin surrounding them, were washed with a solution of iron. By this treatment, the progress of the disease was arrested and the pain was relieved, and after a few days a decided improvement was manifest. The diphtheritic patches were gradually thrown off, and eventually two ulcers of a healthy appearance were left, which proceeded to cicatrization without any serious symptoms.—*Gazette des Hopitaux*, July, 1860.

On the Therapeutical Employment of the Double Iodide of Iron and Quinine.—Dr. Violette has given the double iodide of iron and quinine in several affections in which the preparations of iron have been recommended, and he has been enabled to prolong its use without meeting with the symptoms so often produced by the separate use of iron and quinine. He has never observed either weight at the stomach or offensive eructations, or gastralgia. In many affections of the uterus, after the local treatment has succeeded, the iodide of iron and quinine has seemed to restore the strength and revive the appetite. He has witnessed the same results in convalescence from typhoid fever, and from all diseases which induce a considerable impoverishment of the blood. Dr. Violette considers this medicine peculiarly efficacious in chlorosis. M. Becquerel allowed him to administer it to some young chlorotic girls, whose leading symptoms were complete loss of color of the mucous membranes, a waxy complexion, excessive weakness, total loss of appetite, blowing murmur in the heart and carotids; in such cases, Dr. Violette found that a rapid im-

provement followed the use of the double iodide. The appetite returned very quickly, and at the same time the strength was restored; a slight rose color replaced the pale tint of the mucous membrane, and the extreme paleness of the face was changed for the natural color.—*Ibid.*

Cases of Severe Purpura Hemorrhagia successfully treated by Perchloride of Iron.—Dr. Sassier, of Chalon-sur-Saone, was called to see a man aged seventy, who had been seized suddenly with depression, nausea, and shiverings, and three days after these preliminary symptoms there followed epistaxis, hæmatemesis, and hæmaturia; the patient lost blood both by the gums and the rectum. At the same time, petechiæ and ecchymoses were developed on the trunk and the limbs. Iced drinks were ordered, together with dilute sulphuric acid, and extract of rhatany, but without success, and indeed the symptoms seemed to be increased. The hemorrhage continued, the tongue became dry and black, and the prostration was extreme. Dr. Sassier then prescribed the perchloride of iron, dissolved in distilled water and sweetened with syrup, to be taken in spoonful every hour. The next day the patient's state was the same, but on the succeeding day there was a sensible diminution of the hemorrhage, which ceased on the third day, but the perchloride was continued for two days longer. The disease seemed to be cured, but a week afterward the hemorrhage reappeared, and the perchloride was again ordered, and after it had been employed two days the bleeding entirely ceased, and was never again renewed. The patient recovered after a prolonged convalescence.

Dr. Bertet relates another very severe case of purpura hemorrhage treated successfully by the perchloride of iron, and in this case the remedy was employed to the exclusion of all other medicinal agents. Dr. Bertet considers that at present the perchloride of iron is the best remedy for purpura hemorrhage, and that in some cases it is almost infallible.—*L'Union Medicale*, Aug. 21st and 30th, 1860.

On the Employment of the Sulphate of Quinine and Veratrina in Typhoid Fever. By Dr. VOGT.—Dr. Vogt has collected and tabulated a number of cases of typhoid fever treated by sulphate of quinine and by veratrina, and although the cases by the latter alkaloid were few, he prefers it on the whole to quinine as a remedial agent. He regards both alkaloids as valuable in the treatment of typhoid fever, but thinks that they are useful in different stages or conditions of the disease. The action of veratrina, he says, is more direct, causes no excitement, and proceeds especially from the spinal cord; that of quinine proceeds principally from the brain, and can not be manifested in a short time without previous excitement. Hence veratrina is to be preferred in all febrile diseases which show a rapid and impetuous progress. In typhoid fever it should be employed at the commencement, more particularly when the fever is very acute and the congestion in the head very active. In cases which are more slow in their progress, with a less intense febrile reaction, with hyperæmia more dependent on venous stagnation, and in the latter periods of the disease, when anæmia or adynamia predominates, then quinine is preferable. In some cases both remedies may be employed, the veratrina being administered first, and the quinine afterward. The antipyretic power of veratrina is greater than that of quinine, for where the latter has failed, the former often succeeds in a very extraordinary degree. In the eruptive fevers, whenever their tendency is to a true inflammatory localization, or when this localization has already happened, veratrina must be selected, from its singular efficacy in pneumonia and puerperal fevers with intense local inflammation. But if, on the contrary, the fever is idiopathic, and entails no local inflammation, quinine should be employed. The toxical action of quinine is more marked and more difficult to avoid than that of veratrina. In order to attain to the antipyretic effects of quinine, it is necessary to administer the alkaloid till it produces the peculiar noises in the head, and although those noises are anticipated, they are the more worthy of attention, inasmuch as the vomiting produced by veratrina is more frequently beneficial than injurious. Veratrina, says Dr. Vogt, possesses, in typhoid fever, a power far superior to that of quinine in relieving the head, especially in the first stages of the disease.

But if the affection of the head depends upon venous congestion, quinine may succeed better than veratria. In a general manner, it may be stated that veratria deserves the preference in many cases as an antipyretic; and as to the other indications for these two remedies, quinine ought to be preferred in marsh-fevers with a moderately rapid progress, and in other febrile diseases which have reached an advanced period, especially when anæmia and adynæmia have already commenced, and especially when it is not essential to interrupt the febrile action in a shorter period. — *Bulletin General de Therapeutique*, May 30, 1860.

Anæsthetics in Midwifery. — In a paper on the value of anæsthetic aid in midwifery, read before the Obstetric Society of London, by Dr. Charles Kidd, the author states, that though there have been twenty-five deaths from ether, in general surgery, he believes it superior to chloroform in relaxing the tissues in cases of version. In about thirty thousand cases of midwifery, in which these agents have been used, no accidents have occurred. "Chloroform is invaluable where there is exhaustion from debility, or shock, the result of great or long-continued pain; where there is loss of nerve force, or convulsions from excess of reflex irritability or pain, mental emotion, excitement, etc." It is not indicated where debility is the result of hemorrhage, diarrhea, and suppuration. When it is feared that hemorrhage may follow its administration, a large dose of ergot may be given toward the close of labor. It should be remembered that it is not required to carry insensibility so far as in surgery.

Cause of Death from Chloroform. — Dr. Petrie, in a letter to the London Medical Times and Gazette, thinks death from chloroform often due to the position of the patient, the face turned upward, in consequence of which, the tongue by its own weight falls back, carries the epiglottis close down to the top of the windpipe, closing the glottis, when inspiration at

once ceases. He proposes the lateral position, for the purpose of obviating the casualty, and ascribes to this its safety in obstetric practice.

Removal of the whole Tongue.—Mr. Syme has twice undertaken the operation of removing the organ at the hyoid bone; both patients died from a low form of secondary pneumonia, probably from some atmospheric, accidental, or constitutional cause, the wound in both instances continuing in a perfectly healthy condition. Mr. Fiddes, of Jamaica, has since operated successfully, proving that the operation, though dangerous, may be undertaken with reasonable hopes of success.—*Medical Times and Gazette.*

Reduction of Dislocation of Shoulder, Seven Weeks Standing.—M. C., æt. 53. This man had a fall on his right shoulder, nearly seven weeks ago; since which he has not been able to use his limb. I find, on examination, that the acromion process appears sharp and prominent, and there is a hollow beneath it. The arm appears a little longer than its fellow, and the head of the os brachii can be felt in the axilla. These signs clearly indicate a dislocation downward into the axilla. If this luxation had recently occurred, its reduction would be comparatively easy. In old dislocations, much greater difficulties are encountered. These difficulties arise from contraction of muscles, and from the partial healing of the lacerated capsule.

I will now bring the patient under the anæsthetic influence of æther, and will make the attempt to reduce the dislocation, but as I am not provided with instruments, I may perhaps fail in the effort. (The patient was then brought under the influence of æther, and Prof. P., assisted by Drs. Hinton, Buck, and Krackowizer, undertook the reduction. The limb was brought over the patient's head, and extension was made in a direction toward the glenoid cavity, which counter-extension was made in the opposite direction. After continuing these

efforts for a number of minutes, the arm was brought down by the side of the patient, a fulcrum was placed in the axilla, and the arm brought across the thorax. After repeating the extension and counter-extension several times, and as often having recourse to the prying motion across the chest, suddenly, with an unusually loud snap, the head of the bone went back into its place. The report was so loud as to lead to a suspicion that the bone had been fractured, but on careful examination, it was ascertained that a reduction had been effected.)—*Prof. Alfred C. Post, in American Med. Times.*

Veratrum Viride and Opium in Puerperal Fever.—To sum up:—

1. An attempt should be made, in the early stages, at elimination of the materies morbi, if the case were such as to admit of it; this condition rarely obtaining.
2. *Veratrum viride* should be employed to control vascular action.
3. *Opium* should be exhibited in quantities as large as could be borne.
4. The system should be supported by free stimulation, especially in the latter stages. This, though placed last in order, was probably, all things considered, the most important indication of all.

In case of an anticipated epidemic of the disease, Dr. Barker said he was in the habit of giving quinine as a prophylactic.

Jour. of Materia Medica.

Gonorrheal Ophthalmia.—Dr. Lunda, in the *Wien Wochenschrift*, recommends the application of the oil of savine to the conjunctival surface of the upper eyelid, after the acute inflammation has subsided. It causes great pain and hyperæmia, which soon pass off, and the cure is rapid. He has made the trial, with this result, in sixteen cases.

Vaccination in Nævus.—M. Nelaton resorts to one of the following methods for the purpose of avoiding hemorrhage:

The finest insect needle charged directly from a child's arm, is passed in and left in situ until the tissues have had time to become impregnated with virus; or, setons are first applied at the base of the tumor, and left in situ for a week; and through the fistulous tracks thus obtained, threads are passed, charged with virus, the cutaneous apertures being protected by small canulæ.

Medicine in Prussia.—The medical staff of Prussia, according to the last survey, in a population of 17,739,913 inhabitants, amounts to 358 district physicians (these are paid by government shares to attend the poor gratis); 4,327 physicians who have the doctor's degree; 996 surgeons of the first class; 643 of the second class; 6,026 doctors for animals, first and second class; 1,529 the first, and 11,411 midwives.

Belgium possesses 51 establishments for the insane. Out of 4,500,000 inhabitants, 4,907 are insane, being one in every 920.

MARRIAGES.

KELLY—MORGAN.—On the 10th Jan., at the residence of the bride's father, by Rev. E. Bushnenn, **WILLIAM J. KELLY, M.D.**, to **MARY J. MORGAN**; all of Fremont, Ohio.

BREWER—COOLE.—Jan. 5th, at Fort Riley, Kansas, by Rev. G. D. Henderson, Assistant Surgeon **CHARLES BREWER, U.S.A.**, and Miss **MARIA PENDLETON**, second daughter of Col. Philip St. George Cooke, United States Second Dragoons.

McCULLOUGH—WILSON.—In Wapello, Iowa, Jan. 1, by Rev. J. M. McElvoy, Dr. S. C. **McCULLOUGH**, of Kirkville, Iowa, to Miss **ANN A. WILSON**.

ECLECTIC MEDICAL JOURNAL.

VOL. XX.

MAY, 1861.

No. 5.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Diseases of the Heart.* By Prof. SCODDER.

(Concluded.)

Chronic Structural Disease.—There is a large class of cases in which the health is slowly impaired, and death eventually induced, by derangements of the circulation, which depend on organic changes of the heart. These changes affect its contractile power and its valvular apparatus. The principal of these organic lesions are, *hypertrophy*, *attenuation*, and *structural alteration* of the muscular walls of the heart, on which its contractile powers depend; and valvular derangements, which either interfere with the perfect closure of the different orifices of the heart, and thereby permit a regurgitation of the blood, or else offer obstacles to the onward flowing of the blood in its normal direction.

These diseases are diagnosed principally by physical signs.

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the most important of which are obtained by auscultation. During the healthy action of the heart, if the ear is applied to the præcordia, two sounds are heard. The first is synchronous with the pulse, is long and muffled; the second immediately follows, and is short and clear; then a pause, and they are repeated. The first has been termed the *systolic* sound, and is undoubtedly produced by the contraction of the ventricles; the second—the *diastolic* sound—is produced by the back stroke of the blood and the unfolding of the semi-lunar valves. These sounds occur with the greatest regularity during the healthy action of the heart, so that alterations in its rhythm become evidences of diseased action. They become more intense, if the walls of the thorax are thin and elastic; or if the spongy texture of the lung is replaced by solids or liquids; or if there is excessive contraction of the walls of the heart. They are less intense, if the heart is farther removed from the thoracic wall, or by thickening of the same; or if there is defective contraction of its walls. They are changed in character, or replaced by adventitious sounds, by changes in the blood—which would impair its circulation—by changes in its muscular parietes, and especially by structural alteration of its orifices and valves. These sounds may be loud or feeble, clear or muffled, extended, distant, ringing, etc.

The principal adventitious sounds, are the *bellows* sound, the *rasp* sound, *gaw* sound, and *flë* sound. The first, or *bellows* murmur, may be the result of several lesions, as—1st, of dilatation of one or more of the heart's orifices, with deficiency of the valves, and consequent regurgitation of the blood; 2d, anæmia, with defective action of the heart; 3d, polypoid exudations resulting from inflammation; and, 4th, irregularity or roughness of the surface of the valves, or vegetations, or calcareous formations within or upon them. The three last named, are produced by such structural changes of the orifices and valves as give rise to unnatural motions in the current of the blood circulating through the heart.

Hypertrophy of the Heart.—Hypertrophy of the heart exists in two forms, *with* and *without* dilatation of its cavities; the first is of far more frequent occurrence. It may also be confined almost entirely to one cavity, as in hypertrophy of the left ventricle, from obstruction of the aortic opening. The

causes of hypertrophy are such as will increase nutrition, as continued determination of blood, the result of inflammation, rarely excessive innervation, and obstruction of the free passage of the blood from the heart, which necessitates an increased power, and a consequent excess of nutrition. In almost all cases, it is associated with other disease.

Symptoms.—The local signs of the disease consist principally in an increased force of the heart's contractions, manifest by a more extensive and enduring impulse felt in the cardiac region, an increased dullness on percussion, and an increase of the sounds. The extent of dullness on percussion is not as great in simple hypertrophy, as it is in hypertrophy with dilatation; the sounds are likewise more prolonged and dull in the first than in the last; frequently, in hypertrophy with dilatation, the sounds are remarkably clear, loud, and short.

If there is no other marked structural change than the hypertrophy, the general symptoms are but such as would arise from an excess of force in the circulation of the blood; sometimes, apoplectic symptoms, tendency to active hemorrhage, &c.

Treatment.—The treatment of this condition is principally hygienic. The patient should be placed on an unstimulating diet, rather scanty than otherwise; excessive exertion should be carefully avoided, and all the secretions kept free. The object is, to reduce the quantity of nutritive material in circulation to the lowest quantity compatible with health, and to remove, as far as possible, any cause of excited action of the heart. If there should be irritation of the organ, counter-irritation is the most efficient means for its removal.

Attenuation of the Walls of the Heart.—This is a very rare affection, in any considerable degree, without dilatation, as the nutrition of the heart is seldom so much impaired, even when other muscular structures suffer greatly. The evidences of it are very obscure during life, being nothing more than want of power in the circulation of the blood. The same tonic and stimulant plan of treatment we would adopt in defective nutrition of other parts, would be applicable here.

Attenuation with dilatation is of more frequent occurrence, the symptoms being, according to Copland, "slight palpitations, with dyspnoea and cough; the impulse of the heart being

weak and diffused; the sounds being louder, clearer, shorter, and heard over a larger extent of the chest than natural; and the pulse being weak, small, and irregular. The treatment—so far as we can treat it—is obvious:—improve the general health and tone of the system, by the judicious use of bitter tonics, iron, the use of nutritious food, exercise in the open air, etc.

Alterations in the structure of the heart—as fatty degeneration, softening, calcareous degeneration, etc.—can rarely be detected during life. The symptoms, if any exist, are those of debility, which would indicate the proper treatment. These cases frequently prove suddenly fatal, without any, or but little, premonition.

Disease of the Valves.—We may properly divide disease of the valves of the heart, into two classes: first, where, from contraction of the orifice, or change in the structure of the valves themselves, the free passage of the blood is prevented; and, second, where the valves are insufficient to close the opening, permitting regurgitation.

Obstruction to the passage of blood through the orifices, is generally attended with the development of one of the adventitious sounds—i. e., the saw, rasp, and file sounds,—especially if in any considerable degree; if not, the alteration is merely a roughing of the natural sounds of the heart. The general symptoms depend somewhat upon the situation of the disease.

The *left auriculo-ventricular* opening is most frequently involved. The cause of the obstruction may be, contraction of the opening, thickening of the valves, fibroid vegetations, cartilaginous or ossific formations, from or within their structures. If the obstruction is considerable, the blood cannot pass freely from the lungs; hæmæ, congestion, apoplexy, and hæmorrhages of the lungs, are of frequent occurrence. In these cases, all the general symptoms sometimes point to the lungs as the seat of the disease; the cough, expectoration, dyspnoea, etc., seem sufficient evidence of superficial examination. The morbid sound, heard on auscultation, is either a saw, rasp, or file sound, or a roughened bellows murmur, not very distant from it is rapidly made at the left side of the sternum, between the third

and fourth ribs, and ceases at the time of the production of the second natural sound.

Obstruction at the *aortic orifice*, generally causes enlargement of the heart, with hypertrophy, especially of the left ventricle. When in considerable degree, the pulse is small and weak, and the general symptoms such as would arise from obstructed circulation of the blood. If the entire heart is hypertrophied, the contractions necessarily being forcible, the vis a tergo of the blood from the right side to the lungs is markedly increased, and its free passage from them being obstructed by the diminished aortic opening, we frequently have hæmoptysis, cough, increased expectoration, and other evidence of disease of the lungs. In either of these cases, dropsy may result, if the patient becomes debilitated. This obstruction is evidenced by a *bellow* sound, which is superficial, occasionally *sibilous*, marking or replacing the first natural sound. If it arises from vegetations from the semi-lunar valves, or cartilaginous or ossific formations within, then the sound is generally a *saw sound*. These sounds can generally be heard for some distance over the larger arteries.

Obstruction of the *right auriculo-ventricular orifice*, is next in frequency. It is evidenced by a deep blowing or *filing sound*, most distinct under the junction of the fourth rib with the sternum; it replaces the second natural sound. In this case, there being obstruction to the free passage of venous blood, we find the jugular veins prominent, and when severe, evidence of general venous congestion. Dropsy is a very frequent result, when the general health becomes impaired. There is rarely obstruction at the pulmonary orifice.

Insufficiency of the mitral valve occasions a morbid sound, of either of the three characters named, and is heard at the time of the first natural sound. The pulse is always irregular and intermittent, with general symptoms of disordered circulation. In some cases, the lungs suffer in a remarkable degree.

Insufficiency of the aortic valves, is marked by a short, whistling, or *rash sound*, replacing the second natural sound. The impulse of the heart is generally strong and heaving, with strong pulsation, and sometimes purring thrill over the carotid arteries. This affection—as is the case with most heart dis-

eases—precludes the possibility of laborious exercise, though frequently the general health is but little affected.

Inefficiency of the tricuspid valve, is marked by either a saw, rasp, or bellows sound, which replaces the second natural sound. Owing to regurgitation, and consequent obstruction to the venous circulation, there is distention of the jugular veins, with *pulsation*. In this disease, there is marked venous obstruction. The health is considerably impaired, and dropsy of very frequent occurrence.

Treatment.—The treatment of these forms of heart disease has to be conducted on general principles; the indications have to be met as they present themselves. In all cases, we direct the patient to use the utmost precautions to prevent any undue excitation of the organ; quietude and time do more than medicine. It is important that the patient should be so placed that he can enjoy the best possible health. In obstruction, we find it useful to resort to the salts of potassa and alteratives—to remove deposits, keeping the excretions free.

ART. II.—*Epidemic Cerebro-Spinal Meningitis*, By JAMES E. CURRIE, M.D.

There prevailed an epidemic in this region, in the year 1847, of which I have seen no report, in any medical journal. But it seems to have existed in other portions of the United States about the same time, and also, to some extent, in '50.

In a communication to the New Orleans Medical and Surgical Journal (copied into the Medical Examiner, of August, 1847), Dr. J. B. Hicks, of Vicksburg, Miss., gives an account of a fatal epidemic, that made its appearance in that vicinity in the spring of '47, to which he gives the name of *Myelitic Petechialis*. But from the symptoms, and the description of *sectio cadaveris*, we have no doubt as to its being cerebro-spinal meningitis.

"The patients," he says, "were attacked with groaning, muttering delirium, chilly sensations, pallid countenance, extremities cold; which symptoms were soon followed by roving restlessness, flushed countenance, frequent pulse, the expres-

sion of the eye wild and frantic, surface of the body hot and dry, violent screaming when spoken to, unable to answer questions correctly, to locate the pain, or point out the suffering organs; whilst sleeping, alternate pallor and flushing of the countenance were often observed, and violent inflammation of the right or left eye was not an unfrequent occurrence. This condition was followed, on the second or third day of the disease, with symptoms of tetanus; the spinal muscles being very much contracted and rigid, in some instances, to such an extent that the patients were unable to swallow even fluids with much difficulty, accompanied with a loss of power in either the upper or lower extremities, followed by convulsions of great severity, which would be excited or called into action by touching or raising the lower extremities, as quick as the operation of a galvanic apparatus. During the existence of this, disturbed state of the nervous organism, there was no evidence of lesions existing in the biliary or digestive organs, but great activity of the urinary secretion, being unusually copious and pellucid.

"There were no uniform rules for the appearance of the various symptoms of this disease. In some instances, the tetanic symptoms were observed as early as the first day of the attack, and in others, as late as the tenth. In many of the violent cases, within six hours after the patients were taken ill, petechiæ of large size made their appearance upon the arms, over the eyelids, and on the lower extremities."

As to the fatality, he says, "at least one half proved fatal." In the most violent cases, death ensued on the fifth day; in other instances, they survived until the thirtieth or fiftieth day. But few cases recovered, after symptoms of tetanus presented themselves. This terrible fatality, I think, depended, to some extent, at least, on the treatment. "In consequence of a doubt," he remarks, "existing as to the pathology of the disease, the treatment was pursued with a cautious and timid hand. The stimulating and anodyne course of treatment did not avail, and blood-letting was equally unsuccessful. The course of most, promise was, of a limited character." In vigorous consti-

I judge he meant "without."

tutions, blood flowed freely, and mercury was given with an unparing hand; blisters and antispasmodics, in conjunction with cupping, constituted the treatment.

"On post-mortem appearances, he is very brief. "The cerebrum and cerebellum," he states, "showed no symptoms of inflammation. The medulla oblongata and upper portion of the spinal marrow, presented clots of blood when cut into, and the meninges of the same were found *highly injected*."

About the same time that the above was communicated, Dr. B. F. WHITE, of Whitesville, Tenn., communicated an account of an "epidemic that has proved one of the most formidable in the records of medicine," that appeared in that section of country in February, 1848. It appeared to have been most prevalent near the Hatchie river, as no cases occurred farther than six miles from the river.

Dr. White has given no name to this "formidable disease," but from the following description, we are left in but little doubt as to its nature:

"The disease has been confined principally to children between the ages of six and fifteen." The attack is ushered in with cold, chilly sensations; after which, moderate heat of the surface, pain commencing between the shoulders, extending to the occipital region, rigidity of the posterior-cervical muscles, retracting the head considerably backward, as in tetanus. Delirium supervenes in an hour or two; contractions of the pupils of the eye; dilatation of one eye, with contraction, sometimes, of the other; ptosis of the eyelids, *ecchymosis* under the eye and on the body; rigidity of the abdominal muscles; spasmodic twitching of the flexors of the extremities, and a disposition to keep the legs in motion from side to side, alternately; a difficulty in expanding the lungs; breathing through the nostrils principally; constipation of the bowels, and, sometimes, retention of the urine. Startorous breathing comes on, and death soon closes the scene. It terminates its course in from fifteen to seventy-two hours," or "as late as the twelfth day."

The treatment was of the same mixed character, viz: "Bleeding, emetics, cathartics, bold douch, cupping, mercurials, and blisters; after which, opium, quinine, and stimulants." Dr. White treated this disease more on the old anti-phlogistic plan than did Dr. Hicks, carrying the heroic and

debilitating treatment further, and with a corresponding result, three fourths proving fatal.

In his post-mortem description, Dr. White is more extended and explicit than Dr. Hicks. We give but his description of the nervous centers, as the other sections of the cadaver are not essentially peculiar:

" *Sectio cadaveris; head; the posterior integuments were swollen; both papille were dilated. On removing the calvarium, a considerable amount of blood flowed from the sinusses of the dura mater. The arachnoid membrane adhered with moderate firmness to the surface of the convolutions.*

"While the brain was being removed, some two or three ounces of serum escaped from the ventricles, being of clear and transparent color. The base of the brain bore evident marks of inflammation. The membranes covering the medulla oblongata and the cerebellum—the right lobe, more especially—were thickened and opaque; adhering likewise pretty firmly to the fissure of sylvius. The membranes at the base were unusually vascular; but the substance of the brain itself was not altered very much in color or consistence. The membranes—more particularly around the third pair of nerves of the right side—were thickened, and more vascular than natural. On examining the superior surface of the brain, and separating the two hemispheres slightly, they gave way inferiorly. This was ascertained to arise from softening of the lower part of the middle lobe of both hemispheres, and also a considerable portion of the corpus callosum. The corpora striata were very slightly injected and softened, particularly that of the right side; the lining membranes of the ventricles were not altered in color. The brain, taken as a whole, excepting the parts mentioned, are natural.

"*Spinal Marrow.*—On sawing the vertebrae, a considerable quantity of fluid blood gushed out the moment the interior of the canal was reached. It appeared to be perfectly flooded and engorged. The membranes were evidently thickened and highly vascular. The spinal marrow was not altered in appearance, but, if anything, softer than natural. The substance itself was not injected.

That the fatal malady was cerebro-spinal meningitis, there can be no doubt; and there is strong presumption that the

made, of medication had something to do with its extreme fatality.

Dr. Condie, in his report on the diseases of children, in the North American Medical Review for January, 1858, gives an interesting account of this disease, as it appeared in an epidemic form in the United States, more particularly in New York in 1858; also, a report of the Beaver County (Pa.) Medical Society, in which Dr. Cunningham states that the disease prevailed in Pennsylvania in the spring of 1848, in a very malignant form. As his descriptions are very similar to the above, we will not quote them.

This disease made its appearance in this vicinity in January, 1847; and a more fatal and severe epidemic, could hardly be imagined—three out of four proving fatal, and only one out of four who escaped death, recovered entirely all their faculties.

The symptoms of the disease, as described to me by those in whose families it occurred, were as follows: It attacked children, from the ages of six months to eighteen years; was ushered in with a chill of short duration, and then the child became easy and all the functions natural. But this seeming calmness, in which the disease seemed to be gathering strength for a fatal spring, was soon followed by excessive febrile symptoms; evanescent pains in the trunk and extremities; a severe continued headache; lameness, occurring sometimes in one leg, and sometimes in the other; obstinate constipation. On the second or third day, there supervened a deep-seated pain in the occipital region; twitching of the voluntary muscles, with clonic spasm of the cervical, and flexor muscles of extremities; retention of urine; petechiæ sometimes disappearing, and then returning; violent screaming, without any apparent cause; strabismus; loss of hearing; convulsions; coma, and death.

This was the course of the most malignant cases; in milder cases, the symptoms were not so well marked, nor did they appear as regular. The most of the cases terminated fatally within a week, though some lingered along for five or six weeks.

In reference to the treatment, I could learn nothing definite. The physicians seemed to be entirely ignorant of the nosological arrangement or pathology of the disease. One called it

the *orysipelae fever*, owing to the petechiae, I suppose; another called it the *cold plague*; though, so far as I can learn, they treated it cautiously and timidly, using no regulatives or tonics, but merely trying to combat the symptoms with mild antispasmodics, with the unfortunate success that I have given above.

But the most interesting phenomena of this disease, as it has prevailed here, were the sequelae. In the different reports of this epidemic, as it appeared in different portions of the United States, I can find no account of any permanent bad effects resulting from this disease, though Dr. White remarks, that "in some cases that survived, the hearing was not restored for some time." "The function of taste was lost." We do not understand from this, that any faculty was entirely lost. But those who were attacked with this disease in this vicinity, never recovered their lost faculties entirely. They all lost perfect control of their voluntary muscles for a while, and for some time after they were able to go about, they staggered, when walking, like a man intoxicated; but this they finally "outgrew," though some did not recover from this for several years after; two of them lost their hearing entirely, one lost it only on one side, and one went entirely blind. Though it has been fourteen years since they were attacked, not one of them have regained their lost senses.

I have had the pleasure of examining one of those cases who lost their hearing. She is now nearly nineteen years of age, and was consequently over four years of age when attacked with the malady by which she lost that important faculty; is of the sanguine-lymphatic temperament; a blooming, robust, healthy girl, the very picture of good health, a good representation of Hygiea, and a scare-crow for the doctor. Her organs of hearing are perfect, as far as we can observe by physical examination; her eyesight is perfect, and so also is her taste; in fact, no other nerve seems to have been permanently injured but the auditory, and that is totally paralyzed. A cannon was fired off near by where she was, and she was asked if she heard it; she said she did, "right here," placing her hand upon her epigastrium; showing conclusively that the difficulty lies in the auditory nerve, or at its origin.

Her powers of conversation remain about the same, with the

addition of a few words, as when she lost her hearing. She understands what you say to her, by watching the lips move; but you have to converse in her own language. They can teach her new names, with some considerable difficulty, by using similes.*

I will close this article by a description of the treatment of this epidemic, as pursued by different practitioners, and the result thereof:

In order to treat any disorder rationally, we have to understand the etiology and pathology of that disorder. Now the pathology of this disease is well understood, but the etiology is somewhat obscured; but there is no doubt in my mind but that it is some powerful impression made on the dermic and pulmonic expansion of the excito-motor and sentient nerves. Whether this impression is of a malarial origin, or the result of a peculiar susceptibility of the individual to meteorological changes, I am unable to say; but the evidence, I think, is in favor of the former. Dr. White says, it prevailed most near the Hatchie river, a miasmatic district. Dr. Craig (Con. Rep.) says, "he believes it can be shown that in his district, at least, the disease was confined to miasmatic localities," and exhibited symptoms of periodicity. Two cases, in particular, which recovered from the first attack, yet after they were able to be about, they had a recurrence of the attack, every week or ten days. This neighborhood, at that time, was subject to malarial diseases. And above all, the influence that quinine seemed to exert over the disease.

Drs. White and Hicks treated it as phlogosis upon the old heroic plan. I will give one case of Dr. White's as an example: She exhibited all the essential symptoms of this disease, the first day of the attack.

April 5th. — The family gave an emetic and a dose of calomel.

April 6th. — Dr. White bled her, 3 xvi, and took 3 x, by cups; blistered her from the neck to the sacrum; gave calomel;

*Another one of the victims is now a teacher in the Deaf and Dumb Asylum at Columbus.

grat. x, acet. mor., grat. i; cold douche over the head; and to take sul. mag. 3 j. if the above did not operate.

April 7th. Saw her this morning at 2 o'clock; still complains of pain in the head; pulse, 75; bowels have acted freely; rational; pupils, still contracted; no subitaneus. (This is the remission which always occurs, though not always well marked.) Ordered cold douche to the head, venesection to xvij.; calomel, grat. x, acet. mor., grat. j, to be followed as before if it did not operate.

In his absence, a friend called in at 2 o'clock, and gave another dose of calomel and morph. He saw her again at 10 o'clock at night; head, relieved; very little fever; (remission is not as well marked in all cases as in this); small red spots, not unlike ecchymoses, have appeared. He gave two drops of oleum. nigli, to be repeated if they did not operate freely.

On the morning of the 8th, she is worse; pain in the head; restlessness, and sighing; pulse, 110. But now he seems in "a swampy up stump;" he can't reduce her any more; if he gives tonics, it will be inconsistent with his former treatment. He has shuffled off all his medical cob to the end. He has followed "authority" until he has reduced his patient as far as he dare. So the puzzled Esculapius prescribes—what? The attenuated nothing, and at 12 o'clock, his patient is dead.

I should like to see Dr. White's treatment for bilious colic, to compare with the above. It will warrant that they differ only as to the locality of application.

The result of the above treatment was, that over three fourths of the whole number died.

Dr. Hicks' treatment was not so heroic. It was more of a "mixed character." He says, "the treatment was pursued with a cautious and timid hand." "The stimulating and anodyne course did not avail, and blood-letting was equally unsuccessful." In vigorous constitutions, he bled at the onset of the disease. In more delicate constitutions, cupping, blistering, revulsives to the extremities, ice to the head, antispasmodics and stimulating antispasmodic injections, seemed to be the more rational practice, with an evident improvement in the result, as only one half of Dr. Hicks' cases proved fatal.

But now we come to an entire revolution in the treatment of this heretofore fatal disease.

Dr. Craig (Cond. Rep.) found, "that in any form of this disease, depletion had a mischievous effect;" even "the mild-cathartic was followed by 'alarming prostration.'" Emetics had the same effect as that of depletion, viz.: mischievous. They seemed to produce irritation and restlessness. "If the patient is seen during the chill, every means should be used to produce speedy reaction, as warm bath, surrounding the patient with bottles of hot water or heated bricks; hot drinks, brandy and ammonia internally; sinapisms to the legs, abdomen, spine, etc."

After reaction has been established, the local symptoms are to be combated by cold applications to the head and neck, assiduously persevered in, so as to reduce the violence of the reaction. Should these not afford relief, warm fomentations of hops and vinegar may be substituted; they are often grateful to the patient, by quieting pain and procuring sleep. The vomiting may be relieved, by giving some bitter stomachic infusion, as quassia, or by a pill of opium. If these fail, an emetic will often succeed. Nervous symptoms are to be relieved by the use of valerian, musk, scutellaria, etc.

The "Sampson" or "sheet anchor," as he expresses it, he found to be quinine, 20 or 40 grains given in twenty-four hours. "The subintrant character of this disease will not allow us to wait for an intermission; but the remedy should be given in divided doses, every three or four hours."

Now this seems to us to be the most rational practice; and the result proves the rationality of the treatment. In 129 cases in Dr. Craig's practice, only 12 proved fatal, or 1 in every 10½.

ART. III.—*Treatment of Leucorrhœa.* By W. G. BAUER, M.D.

The treatment of leucorrhœa, like that of chlorosis, or amenorrhœa, the practitioner should commence by enjoining a strict observance of hygienic rules, else it were folly to apply medicinal agents. After paying due attention to these hygienic measures, I make use—in the treatment of vaginal leucorrhœa—of about the following remedies:

1. If there is constitutional derangement, indicated by active inflammatory symptoms, I make use of the following, with almost invariable success—

R.—Tinct. Veratrum Vir., gttss. x.

Tinct. Galieninum, f 3 jss.

Tinct. Aconite Rad., f 3 ss.

Aqua Puræ, f 3 iij. M.

Dose.—A teaspoonful; every half hour, till the pulse indicates the proper influence the medicine should have upon the circulation, as required by the severity of the symptoms.

After having brought down the pulse to the requisite standard, I give of the medicine a teaspoonful every two hours, and so continue it till the symptoms for which it was given have subsided, when I begin to look after the bowels; if they are constipated, I administer at once the following cathartic:—

R.—Leptandrin, grs. xv.

Podophyllin, grs. ij.

Potass. Bitart., 3 jss.

M. Div. in chart. No. v.

Dose.—One powder, every two hours, till free catharsis is induced; after which I keep up a daily movement of the bowels, by the use of mild aperients.

To relieve pain about the parts, I apply to the vulva some anodyne fomentation—most generally, Stramonium leaves; or, in conjunction with this, I use as an injection, infusion of Golden Seal and Blood Root, and Morphia. Painful micturition may be overcome by the free use of an infusion of equal parts of Dwarf Elder, Scullcap, and Hair Cap Moss. In case of danger of the adhering of surfaces of the vaginal walls, lint should be moistened in a solution of Glycerine, Water, and Morphia, and applied all along the vaginal canal, two or three times a day. Cold water bathing, and cold water injections, can not be too highly lauded in the treatment of this or any other form of leucorrhœa.

When the leucorrhœa proceeds from the uterus, like that from the vagina, the treatment must first be directed to the

subjugation of any inflammatory symptoms that may be present; and to accomplish this, the Tinctures of Veratrum, Gelsemium, Aconite Root, and Water, as above given, is superior to anything else. Tepid bathing of the genital parts, the abdomen, and small of the back, together with the use of bland injections, used in connection with this treatment, the practitioner will find a great aid in the accomplishment of his purpose. When the inflammatory symptoms remain obstinate, and unyielding to the treatment named, Leeches may be applied to the external surface of the cervix uteri.

When leucorrhœa is attended by an engorged condition of the uterus, I persevere in the use of the above antiphlogistic measures till the heart's action is controlled, and the circulation regulated, when I next induce diaphoresis by means of Alcoholic Baths; aided, if necessary, by the internal exhibition of the Compound Tincture of Virginia Snake Root. I think a great deal of the internal use of Arnica in this condition; also, of warm fomentations of Stramonium Leaves and Lobelia Herb, to the abdomen; at the same time, applying counter-irritation to the lumbo-sacral region.

After all inflammatory symptoms have been subdued, I begin to make use of local applications, and *not before*. If there remains much tenderness or soreness of the womb, it is very easily overcome by the frequent use of injections of infusion of Calendula and Stramonium Leaves. Tinctures are not to be used, as their application to the already over-sensitive mucous surfaces is too harsh and painful.

When once the practitioner has the above general and local symptoms subdued, he may proceed to the completion of the cure by the use of astringent injections. What shall he use as a most potent injection? He has recommended to him, Gallic Acid, Muriate of Ammonia, Nitrate of Silver, Oxide of Silver, Sulphate of Iron, Galla, Geranium, Pomegranate, Borneo, Aloes, Sulphate of Zinc, Acetate of Lead, &c., &c., only one or two of which he will find useful, and unless he happens to light upon the right one, as he makes an indiscriminate grab, as it were, into the lot, he is apt, when his expectations have been disappointed, to become skeptical of the powers ascribed to all local applications, and at once to decry their use. Hence the very great importance of the young practi-

donor's knowing, when he shall be called to select from the very large number of agents that have been landed in these cases, those which are of real value, from those that are worthless; and if I succeed in imparting that knowledge to a single inexperienced practitioner, the end for which the present paper is being written, shall have been accomplished. In these cases, those recommended by our *Eclectic physicians alone*, are to be relied upon. The known success of Eclectic practice over that of Allopathy, Thomsonianism, Homoeopathy, and all other bigoted and exclusive systems—in these cases—is sufficient proof of what I say. When the leucorrhœal discharge is of a mild character, it will almost invariably be found to yield to the persistent use of the following injection:—To a strong decoction of equal parts of Geranium and Black Cohosh Root, add dilute *Muriated Tincture of Iron*, q. s.; or, where there exists great irritability of the mucous lining of the cervix, and the discharge is obstinate and has a tendency to malignancy; i. e., is slightly corrosive, Tannic Acid, q. s., may be substituted for the *Muriated Tincture of Iron*. If there is abrasion or ulceration of the os and cervix, caustics, as recommended by some writers, will be found not to act upon the diseased structures as the young practitioner may have anticipated. In such conditions, I rely, almost entirely, upon injections of infusion of Golden Seal and Blood-Root, to which is added a weak solution of Nitrate of Silver. The abrasions or ulcerations will be found to yield to this application, admirably.

If the ulcerations are of a syphilitic type, of course there would then be no inapplicability in the exhibition of caustics. If, in such ulcerations, no benefit is derived from the use of Nitrate of Silver, then Nitric Acid—commercial strength—should be applied, by saturating in the Acid, the end of a small rounded stick, of the size and length required, and wiping, with a piece of paper, the Acid from the stick, which is then to be thoroughly applied to the ulcers. Of course, the application of any caustic to the cervix, or os uteri, should be made through the speculum.

In case of syphilitic taint, in addition to these local applications, the practitioner should institute a course of constitu-

tional, internal, alterative treatment. As a very potent and efficient alterative, the Compound Syrup of Stillingia, with the Compound Tincture of Iodine, of Dr. Dunglison, may be relied upon. I have used Wilson's Compound Syrup of Sarsaparilla with this Tincture of Iodine, with a considerable degree of success.

When all other symptoms have been subdued, and the leucorrhœa has begun to subside, uterine tonics may be very properly exhibited. To fill this indication, Prof. King has offered the following pill, which I have found to be an efficacious one, and may be prepared thus:—

R.—Sulphate of Iron,
Leptandrin, *aa* grs. iv.
Alcoholic Ext. of Black Cohosh, q. s.

M. et fiat mass., in pillulas iv. dividenda.

One pill for a dose, to be repeated three or four times a day. Severe leucorrhœa, sometimes engenders symptoms of a gouty, neuralgic, or rheumatic character, which should meet always be met by Colchicum, Scuticap, Black Cohosh, etc.

In the treatment of simple uncomplicated leucorrhœa, Mr. Lane, Sir James Eyre, Dr. Golding Bird, and others, have suggested the internal use of Oxide of Silver, Colchicum, Copaliba, Creosote, Cubebs, Ergot, Iodine, Monesia, etc.; but experience proves them not only valueless, but a hindrance to nature, in her efforts to free the system of the disease.

As regards the bowels in uterine leucorrhœa, the same measures are to be pursued, to keep them in a soluble condition, as recommended above, in the treatment of vaginal leucorrhœa.

Manson's Mills, Mass., 1861.

PART SECOND.

SELECTIONS.

Difficult Obstetrical Cases. By GEORGE T. ELLIOTT, Jr., M.D.,
Physician to Bellevue Hospital and Lying-In Asylum, Con-
sulting Physician to the Nursery and Child's Hospital.

CASE XIV. — *Rupture of Uterus — Patient died Undeliv-
ered.*—Dr. HAWTHORN, House Physician.

This patient, named Canet, in the eighth month of her ninth pregnancy, was admitted into Bellevue under the following circumstances: She had been under the care of three physicians—names unknown—for uterine hemorrhage, supervening on violent exertion. Subsequently, Drs. Griscom and Connery were called, as her former physicians had left and did not propose to return. She was then flowing, nearly pulseless, complaining of burning pain in the epigastrium, and vomiting incessantly. The hemorrhage was checked by acetate of lead and opium, the pain somewhat soothed by a hop poultice. Suspecting placenta prævia, Dr. C. introduced an alum plug, and sent her to the Hospital. She entered Sept. 23, 1859, moribund; and unable to retain anything on the stomach or in the rectum. No hemorrhage. A tampon was introduced by Dr. Hawthorn as a precautionary measure, and Dr. George T. Elliot sent for. On his arrival, he removed the tampon and found the os dilated to the extent of one and a half inches, and not further dilatable. Patient, evidently not at full term. The cervix contained offensive clots and shreddy material, but the placenta could not be reached. The abdomen was much swollen, excessively tender, and very emphysematous below the umbilicus, especially in the right iliac region. The outlines of the uterus could not be mapped out, nor could an extra-uterine foetus be detected through the abdominal walls.

Neither foetal heart nor uterine souffle audible. The flow had completely ceased. Under these circumstances, delivery being impossible per vias naturales, Dr. Elliott requested that compressed sponge should be introduced within the cervix, and the tampon be applied in the event of the return of hemorrhage, and that the patient should be stimulated by enemata and the hot air-bath.

Dr. Hawthorn had already bandaged the legs. Dr. Elliot requested that a consultation should be called for 4 o'clock (one and a half hour later), but the patient died half an hour afterward, after an access of vomiting. The uterine hemorrhage had not returned. The hot air-bath produced profuse perspiration almost immediately, and was, therefore, stopped.

Autopsy, eighteen hours after death.—Weather, murky and warm; cranial and thoracic cavities, not opened. Much frothing at the mouth. Abdomen, stained green around the umbilicus and at the sides. Tympanitic. Emphysema within abdominal cavity, quite appreciable. Abdomen, opened by crucial incision, and was followed by a great escape of gas. No emphysema of abdominal walls. Peritoneum, intensely injected. Clotted blood, removed to the extent of twenty-four ounces avoirdupois, and a large quantity of fluid blood escaped without its amount being appreciated. The foetus, in its amnion, and with a greater part of the decomposed placenta attached, was found in the cavity of the abdomen. The foetus crepitated on pressure, and the bones of the head moved on each other. The well known attitude of the foetus in utero was preserved. The intestines were removed, and the blood sponged out, when the rent in the uterus was distinctly seen to extend from the center of the fundus along the median line downward, and latterly for five inches and a half. No laceration of the vagina—vaginal walls, crepitated on pressure. Fingers, introduced within the vagina, visible through the uterine rent. Pelvis, normal, with the exception of the spine of the right ischium, which was somewhat elongated and turned up. No bony projection, sharpness, or spicula, to be found, which could have influenced the case. The uterus was put in alcohol, and microscopic examination omitted. The specimens were all shown at Dr. Elliot's clinic in the College of Physicians and Surgeons, September 30, 1859.

CASE XV.—*Placenta Prævia*—*Delivery by version at about the seventh month, after much trouble, with an Undilatable Cervix, and previous partial separation of Placenta by the finger.—Subsequent Peritonitis—Death of Child—Recovery of Mother.—Five additional cases of Placenta Prævia.*

July 24, 1859, Dr. Bishop sent for me to Mrs. ———, pregnant for the ninth or tenth time, in whom version had been performed on a former occasion by Dr. B. for shoulder presentation.

She was now greatly weakened from loss of blood; the first hemorrhage having taken place a little more than three weeks before, and after that interval of time the present had commenced and continued for a couple of days, to such an extent as to demand the tampon, which Dr. B. had applied. The os uteri was dilated enough to allow the finger introduced within the cervix to detect the edge of the placenta on the left side. The cervix was not dilatable. No change having taken place in that respect during the next twenty hours, and her condition imperatively demanding relief, we applied as large a sponge tent as could enter the cervix, and then tamponed the vagina with cotton and a T bandage. This was done in the night, and on the following day at noon, in spite of all that could be done in the interval in the way of stimulation, it was evidently necessary to terminate the labor, although we distinctly declined to guarantee her life during the delivery.

With one assistant feeding brandy, the task was commenced. The tampon and sponge tent being removed, it was found that the os was not sufficiently dilated to admit the hand. But fortunately, the position being one obliquely transverse, I succeeded in touching a foot with the tips of the fingers, which had penetrated within the uterine cavity, and by external manipulation forced down the limb with the other hand so as to obtain a good grasp, and to enable me with much difficulty to complete a laborious operation, the difficulties of which were prolonged to the last by the sullen, unyielding grasp of the foetal head by the cervix. Before proceeding to turn, however, I separated the placenta as far as my finger would reach, but I can not tell whether much blood flowed during the operation or not, though I do believe that any further loss would have cost her her life. The small portion of placenta

not attached having been separated, we gave ergot and opium, with beef tea and stimulants freely. She subsequently suffered from an attack of peritonitis, for which she was treated by Dr. Bishop, and is now (Dec., 1860) perfectly well.

Remarks.—On reviewing this case, the first thought in my mind is, gratification at the result, for the patient's condition was dangerous in the extreme. The period of the pregnancy and the singular rigidity of the cervix, with the appalling loss of blood before my arrival, rank this with the most difficult cases of placenta prævia. The sponge tent introduced within the cervix and the cotton tampon, were probably the only means that allowed delivery to be effected, and although I regret that we can not tell whether blood flowed after separation of placenta, still the difficulty of the version will, it is believed, readily explain the omission to those familiar with these cases. I can recommend the combination of one of Mason's accurately-fitted sponge tents with a tampon of cotton, in these cases of rigid os with hemorrhage, where delivery is imperative. Indeed, in my judgment, cotton is entirely the best material for a tampon.

CASE XVI. — *Placenta Prævia.* — During my pupillage, I saw a patient die from placenta prævia, although treated by distinguished men abroad, and it is obvious that she was not properly treated, for a tampon of sponge was introduced in the vagina which did not fill it—nor indeed ought it ever to have been used,—and the operation of version was several times postponed, because the os uteri was not dilated, until finally the operation, when attempted, was performed without difficulty, as the cervix (in the operator's own words) was "as dilatable as wet paper."

CASE XVII. — *Placenta Prævia.* — In 1850, I had the gratification of seeing a case of placenta prævia in a primipara, then six months gone, where Dr. Simpson separated the placenta entirely with the uterine sound. I sat by this patient for nearly two hours afterward, and satisfied myself that no blood escaped. At the end of this time the labor terminated naturally.

CASE XVIII. — *Placenta Prævia.* — A very interesting case of placenta prævia occurred in the Hotel Dieu, under Nelaton,

bleeding my attendants there, for which Mcliston delivered with forceps, and then transfused the patient successfully; my friend Dufour, then Cazenave's interne, furnishing the blood. He was obliged, however, to submit to a second bleeding, as the first supply was lost by the agitation of an assistant. The second supply was received directly in a syringe previously warmed. The patient was resuscitated by the transfusion, and died from nitro-peritonitis.

Last summer, I heard a husband refuse to furnish the necessary blood for the transfusion of his young wife, then dying in her first labor from post-partum hemorrhage, and bidding him the most affectionate farewell with her last breath.

CASE XIX.—*Placenta Prævia*.—M. T., aged 32, first pregnancy. Head presentation; portion of placenta within reach; hemorrhage. In this case, I was called in consultation, and terminated the labor by version, on the 27th of June, 1882, after a labor of thirty hours' duration. Male child, still-born. Mother did well.

CASE XX.—*Placenta Prævia*.—Cath. M'Nevers, aged 27, fourth pregnancy, in labor nine hours. I was called on the 28th of April, 1852, by some of Dr. Aylette's students, on account of the hemorrhage and recognition of the stringy placenta within the cervix. As the pains were good, or dilatable, and head advancing, I recommended ergot, in the conviction that the advancing head would act as a tampon. A living female child was delivered without any operation, and the mother did well.

New Experiments regarding the Origin of Cow-Pox. By Dr. A. FONTAN.

"A happy accident," writes Dr. A. Fontan, "occasioned my passing through Toulouse at a time when a question of the highest importance was being submitted to experiment—I mean the question of the origin of vaccinia. The following is an abstract of the principal facts: Some weeks ago, M. Rouman, of Riscumes, observed that several mares brought back

on his establishment for the second or third time, were affected with the grease (*écume aux jambes*). There was a sort of epidemic of the affection, for nearly a hundred horses were found to be suffering from it. The variety of grease was the pustular form.

"One of these marks was taken to Toulouse to the veterinary school, where the learned Professor M. Laffosse soon recognized the true character of the epidemic. He inoculated with some of the matter of these pustules the teat of a cow, in the presence of his assistant and numerous pupils. Soon afterward fine pustules made their appearance on the udder of the cow. One of the most distinguished physicians of Toulouse, Dr. Cayrel, the official vaccinator of Toulouse, vaccinated, with matter from the pustules of the cow, several infants who had never been vaccinated. Well-characterized vaccine vesicles followed, presenting their pearly aspect, central depression, and rose-colored areola, increasing in size from day to day without any trace of erysipelatous inflammation.

"A second cow was vaccinated with matter from the first cow, and infants were vaccinated with matter from the second cow; the results were equally satisfactory as in the former case. At present, they have arrived at the fourth vaccination from the first cow, and at the third from the second cow. I was present at this vaccination; the vesicles were very fine. One was photographed in my presence, with a tolerably satisfactory result. The vesicle presented the most characteristic appearance of vaccinia. When pricked, no purulent matter escaped, but gradually a serous fluid oozed out in great abundance, with which several infants were vaccinated.

"The new matter is very active, and succeeded in the case of a pupil of the veterinary school, vaccinated in infancy, and in whom all previous attempts at revaccination had failed. I saw a vesicle in an infant produced by the virus of this pupil, finer and more developed than three other vesicles produced by an ordinary vaccination in the same infant. (No doubt the two vaccinations were performed simultaneously).

"Already thirty infants have been vaccinated at Toulouse. No unpleasant symptoms have manifested themselves in any case; and in all, the result has been most satisfactory.

"Dr. Izarie, formerly vaccinator in Paris, considered the vaci-

cles so good, that he had his son vaccinated this morning with virus from one of the infants.

"An official commission has been named by the prefect to carry out these experiments. A report will be drawn up and communicated in due time." — *L'Union Medicale*, May 29, 1860; *Edinburgh Medical Journal*, July, 1860.

Results of Vaccination in the Prussian Army, during 1859.

By Dr. ———.

In the year 1859, there were 67,657 individuals vaccinated: Of this number, signs of former vaccination were, in 55,997; distinct; 7,760, indistinct; 8,892, nonexistent. The course of the present vaccination was, in 41,711, regular; 8,419, irregular; 17,547, unsuccessful. Another vaccination succeeded with 5013 of this last category, making altogether 46,724 successful vaccinations; i. e., 69 per cent. In a dragoon regiment, two individuals who had formerly suffered from true variola, exhibited normal vesicles after revaccination. In one case, not only did vaccine pustules appear at the points of vaccination, but likewise over the entire surface of the body, not accompanied by fever and difficulty of swallowing, which, however, diminished in two days.

Throughout the large Prussian army, but 58 individuals were affected by any variolous affection, viz: 15 by varicella, 40 by varioloid, and 3 by true variola. Of these, 17 cases (4 varicella and 13 varioloid) occurred in those who had not been revaccinated; 27 cases (9 varicella, 17 varioloid, and 1 variola) in those who had been revaccinated without success; and 14 (2 varicella, 10 varioloid, and 2 variola) in those who had been successfully vaccinated. In a portion of this last category, the vaccination had been performed from ten to twenty-five years ago. In the great majority of cases, the affection was quite insignificant; but still there were cases in which its course was violent, so that two deaths resulted, one from variola, and the other from an excessive eruption of varioloid — both persons having been unsuccessfully revaccinated.

Berlin Med. Zeitung, Nov. 14, 1860.

On the Cure of the Deaf and Dumb by Dropping Sulphuric Ether into the Ear. By M. M. BERNIS, TRIQUET, and others.

Four or five years ago, Mdlle. Claret, a private teacher living in a suburb of Paris, applied to the Minister of Public Instruction for assistance in carrying out a new mode of curing deaf and dumb persons. This mode was by dropping from four to eight drops of sulphuric ether into the ear every day. A committee was appointed to inquire, of which M. Delier was a member. Speaking of what he saw, this gentleman says: "We saw deaf and dumb children—perfect little savages before the treatment—become tractable and obedient as soon as the improvement of their deafness began to make them amenable to direction. Ether is a purely empirical remedy. When is this agent useful? when is it not? These are questions which I can not answer. All I know is, that the only unfortunate result I have seen from its use, has been its failure in certain cases. It causes a little pain; it is sometimes badly borne; in these cases, it is sufficient to employ it at longer intervals. Although I do not use the remedy in my own practice, I could cite four new cases of complete deafness cured by the instillation of ether, since the publication of my report."

M. Fonssagrives has not, as yet, published the result of his experiments; but some other practitioners, in reply to the appeal of Dr. Debout, have published a certain number of cases, which are, on the whole, favorable to the remedy of Mdlle. Claret.

Still, we persist in the belief that ether will not realize the exaggerated expectations which have been entertained regarding it. If it only relieve deafness by dissolving the cerumen which imparts the membrane tympani, it can only act by relieving a morbid condition hitherto unknown, and which unfortunately, to judge from certain statistics furnished us by Dr. Triquet, exists in Paris, is not the most common cause of deafness.

Up to the 18th of July, M. Triquet had treated by ether, 110 patients (rich and poor) affected, some with chronic catarrh of the middle ear, others with nervous deafness—all deaf, be it well understood, and subject to ringing in the ears. In all

these cases, care has been taken to test the power of hearing before and after the treatment. The result has been this: The patients have been treated with thirty to forty drops of ether every three, five, or seven days; rarely every day. There has always been immediate pain, without consecutive amelioration; far from it,—the deafness and the ringing in the ears have augmented progressively with the number of instillations. In twenty cases, the pain and redness of the auditory canal have been so violent as to have necessitated the employment of antiphlogistics. The patients (women) have suffered from headache, which has continued for weeks, and deprived them of sleep, although the treatment was suspended on the very day that the headache was experienced.

M. Triquet had thought, as the result of his first trials, that ether might be used without inconvenience to dissolve ceruminous concretions; but he is now forced to confess that, even in these cases, its use may occasion accidents, such as otitis, with considerable swelling of the lining membrane of the auditory meatus.

On the whole, the instillation of ether in the case of 110 patients, made with all possible precaution, has not produced, according to Dr. Triquet, any perceptible amelioration, and in a considerable proportion, has manifestly aggravated the condition of the patients. The author may, no doubt, be reproached with having unconsciously, in his character of specialist, deepened the shadows in the above picture; but even charging to the account of individual susceptibility the accidents attributed to ether, we must still see here a list of 110 failures out of 110 patients. This result, it must be allowed, is not encouraging; and there is much reason to apprehend that M. Meniere only expressed the truth in writing to M. Debout, that a belief in the efficacy of ether to cure deafness was one of those generous dreams which pass away with the morning light.

Jour. de Med et de Chir. Pratiq., Aug., 1860.

On the Use of Sesquichloride of Iron in the treatment of Purpura Hemorrhagia. By M. PIZE, of Montelimart la Drome.

This paper, which was read before the Parisian Academy of Medicine, is divided into two entirely distinct parts; one relating to the exposition of practical facts, the other to the *modus operandi* of the remedy. M. Pize holds, without much show of reason, that the drug has a sedative action upon the heart; and this opinion led to a prolonged and futile discussion in the Parisian Academy of Medicine upon the action of medicines in general. The practical facts are of considerable interest.

In the first case, a girl, twelve years of age, presented, for six days, all the symptoms of typhoid fever, and simultaneously suffered from epistaxis, turgidity and sanguinous exudation of the gums, expectoration, emesis, sanguinolent motions and urine; numerous ecchymoses were disseminated over the surface of the limbs. This condition had persisted for a whole week, in spite of sulphuric acid, lemonade, extract of rhatany, ergot of rye, mustard-poultices, etc.

A three and a half ounce mixture, containing fifteen grains of liquid sesquichloride of iron, was prescribed. In twenty-four hours, the hemorrhagic tendency was checked, the urine alone remaining sanguinolent. The pulse, which had been very frequent, returned to 80 pulsations. On the following day no blood was discharged, and the spots of purpura assumed a dark hue. From that period, the disease proceeded rapidly toward cure.

The subject of the second case was a lad of sixteen, who, after considerable growth and hard work, with insufficient food, was seized with febrile symptoms, extreme prostration of strength, and, on the fourth day, presented numerous spots of purpura on the limbs, with sanguinolent motions and epistaxis; the pulse rising to 100 pulsations.

A four-ounce mixture, with fifteen grains of sesquichloride arrested the hemorrhage in twenty-four hours, and reduced the pulse to 90 pulsations. The potion was continued the next day, and all the symptoms ceased. The medicine was then discontinued for two days. Epistaxis returned twice, but with less violence than before. The pulse again rose to 100. The

mixture was resumed; on the ensuing day no hemorrhage took place, and the pulse declined to 82. Convalescence was very rapid under the influence of the sesquichloride, which was continued for several days; a small quantity of substantial food and wine were also prescribed.

M. Pize's last case refers to an unmarried woman, twenty-five years of age, who, two years before, had presented symptoms of chlorosis. After five or six days' indispotion, intestinal hemorrhage appeared, epistaxis and numerous spots of purpura on the limbs. The pulse was weak, and rose to 119. The day after the use of the chalybeate potion, hemorrhage ceased, the pulse returned to 86, and fell, two days later, to 62. The disease terminated as in the two preceding cases.

M. Pize then adverts to the analogous case, published subsequently to his own, by Bourguignon; a case in which the reporter deemed it expedient to add a fourth, recently published in the "Gazette Medicale de Strasburg," by M. Leroy, de Saint-Ybars.

The following, in M. Pize's estimation, are the obvious inferences from these four cases, all relating to *purpura hemorrhagica*.

1. Sesquichloride of iron is pre-eminently the agent for the cure of the disease; it arrests the hemorrhagic tendency in the space of twenty-four or forty-eight hours, and, continued for a few days, rapidly brings about the convalescence of the patient.

2. This medicine produces an immediate diminution in the rapidity of the circulation, decreases the quickness of the pulse in twenty-four hours from 110 to 80 pulsations, and may therefore fairly be considered as a direct sedative of the action of the heart.

Jour. of Pract. Med. and Surgery, August, 1860.

Eight Calculi removed from the Urethra of a Boy five years old. By JOHN W. HUNT, M.D., late House Surgeon to Bellevue Hospital.

Gno. B., et. five years, was brought to me, March 12th, 1860, suffering from retention of urine. About nine months

ago, he first began to have difficulty in passing his water, which would sometimes escape by drops only. He would complain at times of pain in the region of his bladder, and in the end of his penis, which symptoms had previously passed away in a little time without aid. The usual symptoms of a distended bladder were present, and I introduced, without difficulty, a No. 5 silver catheter, and about a pint of dark-colored urine was evacuated, giving the patient perfect relief. At seven o'clock on the morning of March 14th, I was sent for to see the boy, and found him again suffering from retention of urine. After I had relieved him on the 12th, he had experienced no trouble in voiding his urine till the afternoon of the 13th, since which time he had passed none. Suspecting calculi, I introduced the same catheter that I had previously used. Quite a large quantity of water was evacuated. On removing the instrument, I thought I felt it grate against a hard body, but was unable to get that sensation a second time. The penis was slightly swollen, and his bowels were confined. A poultice was applied to the genitals and perineum, and *Ol. Ricini* 3 ss. given. I saw him again in the evening, and found that he had passed no water since I left him in the morning. The bladder was considerably distended, the penis a little more swollen than in the morning, and he complained of pain when it was handled.

On passing my fingers from the root of the penis, beneath the urethra, to the meatus, I felt a firm, hard, and tender tumor, which occupied the fossa navicularis. I attempted to pass a No. 4 gum-elastic catheter, but at less than half an inch from the meatus it encountered an obstruction, which seemed to be hard and unyielding. Having no surgical instruments with me, I asked the mother of the patient to give me a common table fork; then grasping the penis just behind the tumor in the urethra, and pressing gently forward, I introduced one of the prongs of the fork into the urethra, and with a little careful manipulation, succeeded in removing a calculus as large as a pea, and following it, two others of a similar size. The tumor had disappeared, and I introduced the catheter without further difficulty, and relieved the bladder.

The urine was strongly acid, and loaded with lithates. The calculus was of a pale brown color, surface smooth, and some-

which polished, regularly laminated in structure, and were worn into irregular forms by rubbing against each other. They were slightly soluble in nitric and muriatic acids, and the color unchanged by them; readily decomposed in the flame of a spirit-lamp, leaving a white efflorescence.

March 15.—I introduced a No. 3 steel sound, and could distinctly feel more calculi. Swelling of the penis somewhat subsided, and he was able to pass his water unassisted. A non-stimulating, but nourishing diet was enjoined, together with exercise in the open air. Also, the following:—

℞.—Infus. Buchu, 3 viii
Tr. Hyoscyami, 3 i. ss
Liquor. Potasse, 3 ss.

A teaspoonful to be given once in six hours.

March 16.—I found him again suffering from retention of urine; a hard body occupied the fossa navicularis, and only an entrance to the urethra could be gained, the catheter encountering an obstruction at the same point it had on a previous occasion. Again having no instruments with me, I had occasion to use the fork. I removed three more calculi in the same manner that I did before, after which the patient passed his water without aid.

March 24.—I removed another calculus from the urethra with a forceps; it was larger than the others, and was extracted with some difficulty.

March 27.—I removed another.

March 29.—He passed two calculi a little smaller than those previously removed.

April 10.—Patient much improved in appearance; has had no trouble since he passed the last two calculi; his skin has lost its sallowness, cachectic appearance; appetite good. On introducing the sound, I discovered nothing abnormal. The mixture which he had been taking till the present was discontinued. I did not see the patient again till September, 1860, when he was looking healthy.

Foreign Correspondence.—*Letter from DAVID P. SMITH, M.D., Edinburgh.*

Nov. 12.—Mr. Syme showed, to-day, several cases of hydrocele, which had been injected four days previous. He always uses tr. iodini 3 ii., leaving it in, and shaking the sac smartly, and reports no failures. A case of fistula in perineo, and one of extravasation of urine, were shown together, so as to enable Mr. S. to point out the fallacy of the ordinary doctrine about the formation of a fistula in perineo. He judged that the fistula began in an abscess formed external to the urethra; resulting from the irritation of a stricture, and that the abscess almost always opened externally before it opened into the urethra. If the urethra burst behind a stricture, fearfully rapid and dangerous extravasation, and not fistula, was the result. In remarking upon a case of stone, he observed that pain before micturition indicated, as a general rule, irritable bladder; pain during micturition, stricture; and pain afterward, calculi. In excision of the elbow-joint, Mr. S. claims that he almost invariably preserves the motions of the joint unimpaired. He insists upon the great importance of removing enough bone, and of endeavoring to obtain union of the transverse cut by first intention. He considers the H incisions alone admissible; because, if union of the transverse cut by first intention is obtained, they, by their cicatrization, furnish no hindrance to flexion.

Nov. 14.—Mr. Syme removed, to-day, the head of the humerus, together with about three inches of the shaft of the bone, on account of an osteo-sarcoma springing therefrom. An incision was made from the tip of the coracoid process down the arm for five or six inches, the tendons of the muscles inserted into the head of the bone and the capsular ligament were then cut through, and the bone thrust out and sawn off. Mr. Syme remarked, that there were benign and also malignant tumors of this description, and that experience had taught him that, if the bone from which the slow growth sprang was removed, the disease never returned. He said he knew of no instance in which an operation similar to the above had been practiced. They had been always suffered to grow until amputation was the only resort.

A double amputation of the thigh on one side, and the leg

on the other, recently occurred in this hospital, with the usual fatal result. One limb was amputated, the arteries tied, and the stump dressed, and then the other limb proceeded with. It appears to me that this method is inferior to the one pursued by Dr. Carnochan, of New York, who first rapidly amputates both limbs, and then dresses the stumps; however, such a proceeding could hardly be dreamed of here, where a surgeon of world-wide reputation is so intolerant of the presence of a possible rival that he chooses as his assistants, young and inexperienced hospital-dressers.

Professor Simpson, after describing his uterine sound, remarked that, while inventing it, he saw a case which had been seen by eleven accoucheurs, and by them considered to be either a fibrous or cancerous tumor in the posterior wall of the uterus. The sound, on being introduced, passed backward and downward, and easily effected the reposition of the retroverted uterus. In remarking upon the sympathetic pains occasioned by disease of the os uteri, he directed our attention particularly to the severe pain often met with under the left, and sometimes under the right mamma, or in the left hypochondriac region, accompanied by tenderness of the spine. He also mentioned a case in which pain in the sole of the foot, produced by an irritable tumor in the urethra, was so great as to almost entirely divert the attention from the urethra. Older authors mention that calculus vesicæ sometimes occasions the same pain.

Nov. 14. — Prof. Simpson kindly invited me to witness an operation for vesico-vaginal fistula; upon a private patient. As I assisted him, I had an excellent opportunity to observe all his manipulations, and bear willing testimony to his wonderful adroitness. As his instruments and method are well known to the profession, it would be useless for me describe them. It may, however, be well for me to say, that very large raw surfaces were made, and the sutures were inserted at from one third to one half inch from each margin. The piece of ice was now and then slipped into the vagina, to check the oozing of the blood. The patient lay upon her side, with her knees drawn up; this position appearing to afford every facility. The Professor gave the chloroform by placing one thickness of a cambric handkerchief over the mouth and nostrils, and then

dropping on the chloroform at intervals until anaesthesia was produced. From this case, I went with the Professor to a case of laceration of the perineum, which had occurred early in the morning of the same day. The lady had once before suffered from the same complication of labor, and so perfectly had union been effected by Prof. S. that this new rent did not follow the track of the old. The entire septum between the vagina and rectum was torn through, and the rent extended upward near two and a half inches. A little chloroform was given, the patient drawn to the edge of the bed, and the edges of the rent accurately drawn together by interrupted sutures of iron wire made to embrace much tissue. The upper sutures were introduced from the vaginal surface.

I was told some time ago, of a case which occurred here, in which the subcutaneous injection of two thirds of a grain of bimeconate of morphia produced alarming results. The patient was of high rank. The respiration sank to one in forty seconds; but fortunately, after some hours, this alarming state passed off.

Am. Med. Times.

On the Use of Looped Wire in the removal of Foreign Bodies from the Air-Passages, with a Report of Two Cases. By J. J. Tomson, M.D., of Davenport, Iowa.

Some time in the month of May last, a lad about eight years old, whose parents reside in this city, accidentally inhaled into the trachea a piece of clay pipe-stem, about one and a half inches long, and of large size. Mr. Maxwell saw the patient, and used the probang, hoping thereby to dislodge the foreign body and enable the boy to cough it up. After using the probang, with some other means, the boy was relieved, and it was hoped that he had coughed the pipe-stem up, and perhaps swallowed it into the stomach. He was quite relieved for some six days, running and playing as usual.

On the sixth day after inhaling the pipe-stem, one of his playmates threw a stone, which accidentally struck him upon the back. From this time he became rapidly worse, with all the symptoms of a foreign body within the air-passages. A

council of physicians was called, who agreed that there was a foreign body in the trachea, and that an operation was the only probable means of relief to the boy. The operation was performed by Dr. Adler, assisted by Drs. Baker, Maxwell, Fountain, and myself. After the operation, a variety of instruments and means were used, which were not successful in removing the foreign body. In the afternoon of the same day, and the morning following, Drs. Adler and Maxwell made other attempts, with no better success.

On the afternoon of the second day—about thirty-six hours from the time of the operation, and more than one week from the time of the inhalation of the pipe-stem—I was requested by Dr. Adler to visit the patient, with himself and Dr. Maxwell. The patient was rapidly failing, and we felt that he would certainly succumb, unless the foreign body was soon removed. After trying the forceps, hooks, etc., I suggested the use of *looped wire*. A piece of small wire, about two feet long, was obtained, and looped in the middle, of sufficient size to embrace the end of the pipe-stem (on the same principle as removing corks from a bottle with a string). The patient's head being well thrown back, I proceeded to introduce the looped wire. On passing it down to the right bronchus, it came in contact with the foreign body. At this point, I raised the end which I held in my hand, and pressed the end next the foreign body back toward the spine, so as to pass my wire behind the pipe-stem. The pipe-stem was firmly impacted in the bronchus, so that it required some force to push the wire between it and the walls of the bronchial tube. The wire was passed some two inches or more below the point of obstruction, and then, on gently withdrawing it, the loop came in contact with the lower end of the pipe-stem, which was thus easily removed. The orifice of the trachea was closed, and the boy made a rapid recovery.

On the twenty-fifth of last month, my partner, Dr. Maxwell, and myself, were sent for by Dr. Carpenter, of Blue-Grass, to assist him in removing a grain of corn from the trachea of a child about one year old. The operation was performed by Dr. Maxwell; after which, I passed the loop of wire as in the other case. It was passed down the right bronchus, and passed quite easily the point of obstruction; and on its

removal, it brought the kernel of corn into the trachea, which soon after made its appearance at the orifice, and was easily removed.

I wish to call the attention of the profession to this simple, cheap, and harmless instrument, from the fact that I believe it will succeed in some cases where nothing else will. It can be used with perfect freedom by any one who is acquainted with the anatomy of the lungs, in searching far into the air-passages for small bodies, with little or no risk of producing serious irritation. There are other cogent reasons for its trial, which will suggest themselves to the mind of every medical man. I submit its trial, with the cases above reported, to the profession, hoping that it may be found of some service in such painful and unfortunate cases.

PART THIRD.

CLINICAL REPORTS.

Newton's Clinical Institute. — Winter Session of 1860-'61. — Services of Prof. R. S. NEWTON.

FOLLICULAR LARYNGITIS AND BRONCHITIS.

GENTLEMEN: — MICHAEL McCOMAS, the patient before you, has been ill, as he says, about eighteen months. He previously enjoyed good health. His general appearance, as you see, gentlemen, is that of a person afflicted with disease of the respiratory organs. He states, that none of his family, as he can remember, ever suffered from disease of the lungs, and that none ever died of consumption. He also states, that the first time he perceived anything the matter with him, was two years ago. He has had a cough ever since that time. He expectorated at first but very little; but much more now. He has had no pain in the chest, and he says his bowels are regular in their operation. He states that he used to have night-

sweats about a year, until within the last four or five months; but has none now. His cough abated some little a few months ago, but since then it has become worse, and is more severe in the morning when he rises from bed, and he expectorates then more than at other times of the day. He never can get out of bed without expectorating generally as much as a tablespoonful. He says he does not spit much blood, only when he catches cold. He has taken a great deal of patent medicine, and has been under no treatment but, as he expresses it, his own treatment.

You will also perceive the eruption on his chest, which, he states, has been there some three or four months. You will also notice his emaciation.

I will now examine him.

There is no perceptible difference in the lungs; nor is there hepatization; the lungs seem to inspire freely. There are no abscesses in his lungs, and the sounds appear to me natural. There is, however, this condition, viz: a weak, feeble, and prostrated condition of the whole lung. You find that pressure induces cough.

Now, I will notice here, that in all of the cases of disease of the lungs, tubercles are developed in the upper portion of the lungs, and ulceration takes place at this point first. There may be hepatization or ulceration at the upper part of the lungs. This pain, when I press, shows a tendency to inflammation, and this inflammatory condition is bad in these cases, for it evidently keeps up the irritation or morbid sensibility of the whole mucous membrane of the lung.

In making examinations of the chest, some practitioners prefer the stethoscope, and some, the naked ear. As far as I have practiced, I prefer the method of examination which I have first presented to you—the ear alone.

Now the question will arise, in cases of diseased lungs, why we have emaciation? for we have emaciation in this case; his weight used to be from 162 to 180 pounds, and now, he says, it is only from 125 to 135. There is a lesion of the nutrition of the lung, for there is no proper oxygenation going on in the system at all. Thus we have a feeble condition of the blood. The blood is changed, and the result is emaciation.

Now then, as I remarked before, it is not possible that ab-

cess, or softening of the lungs, can take place, without our being able to detect it. If you have abscess, the sounds are unnatural; but they are not so in this case. Where abscesses or tubercles are formed, and there exists a state of ulceration, this expectoration will continue the whole twenty-four hours; which is the result of the irritation kept up in the lungs. Now, what is it that produces the irritation in all cases? The disease of the lung is produced by active inflammation producing lesion of structure at the time, and this produces lesion of nutrition, where the blood does not circulate through the lungs as it ought. Where obstruction takes place from any cause, it must result from one or the other of these [certain conditions, and you must have hepatization. You may have softening, or abscess forming, not preceded by tubercles; or you may have tubercles formed, and, by their irritation, producing inflammatory action, and induce pneumonia or pleuro-pneumonia. The majority of these cases, if not arrested in proper time, will result in hepatization of the lung in one or both, or part of the lung, as may be, as the result of inflammation, or a high grade of action; and the cough, under the circumstances, will be produced. A sympathetic action is produced between the tissues of the lungs, during the stage of inflammation, and the mucous membrane; and we then have what is called *follicular* inflammation, and ulceration is formed in or on the mucous membrane. This becomes a source of local irritation, and is what produces laryngitis, and the result of what we call follicular ulcerations of the larynx; this inflammatory action passing down in the bronchial tubes, causes them to become irritated; and we have, then, bronchitis; beginning at the larynx, producing laryngitis; passing down to the bronchial tubes, producing bronchitis; and which results are, copious expectoration, which we have noticed in this case. Follicular ulceration may be confined to the larynx; then there is a constant disposition to clear the throat, and we have this character of cough. In laryngitis, there is a great deal of redness and irritation of the parts; there is soreness upon pressure upon the cervical vertebrae; and there is great soreness of the throat.

We stated to you, that in almost all cases where tubercles are forming in the substance of the lungs, this follicular in-

inflammation is taking place upon the mucous membrane; hence it is rare in tuberculous formation, to find it unconnected with laryngitis and bronchitis. You may have laryngitis and bronchitis preceding the disease of the lungs, the follicular inflammation descending until the lungs become diseased; but I think this is no exception to the general rule. Hence we remarked to you, that nine-tenths of the cases of consumption have been produced by, and may be traced to, a lesion of nutrition. Just in proportion as this tuberculous formation in the substance of the lungs takes place, just so the lesion of nutrition and the decreased circulation of the part; and where there is a corresponding action between the lungs and mucous membrane, just as they act in harmony in disease, just so the patient must lose his strength. Just as you prevent oxygenation of the blood, so the system must give way; the tissues become feeble for want of sufficient amount of circulatory and nervous action to the part. There is nothing to prevent the sensibility and vitality of the part from becoming weak and feeble.

There is in this case, follicular ulceration of the larynx, follicular ulceration of the bronchiæ; and he has tubercles in the lungs in an indurated condition. There are no abscesses here. Hence in these cases, the system may be increased. We may increase the quantity and quality of the blood. If that can be done, there is yet chance for his recovery; if that can be done, we can prevent softening of the tubercles taking place, and prevent abscesses forming in the lungs. Under the present circumstances, I recommend that course of treatment to be adopted. For the reason we have given, I think it necessary to strengthen him.

Now I would refer to one other point in regard to the medication in this case, and in similar cases. Take the cases of disease of the lung, or this case under consideration, and regard the disease to be the result of inflammatory action. Suppose, for illustration, we diet this man; put him upon low diet, bread and vegetables; keep him from eating meats and grease, all those principal kinds of nourishment which produce an increased amount of vitality to the system. Supposing it to be inflammation, we put him upon a course of depletion—not of

bleeding, nor active purgation—but give him, for instance, Tartar Emetic in small doses; keeping him on the remedy until it produces its specific action. What would be the effect—what difference would there be, from bleeding and purgation? No difference whatever, gentlemen. The result would be the same—the difference only in time, so far as the result is concerned. Hence we give nothing under these circumstances, to increase the quantity of the blood, or the quality of it. Then, I say, do not give tartar emetic under any circumstances, or destroy the powers of the system by such medication.

I can not recommend that course of diet either, for the reason that it will make a well man sick, and reduce a man in good health, even when the functions of the different organs are being performed healthily. If, I say, under these circumstances, it will break down the strength, what must it do in a diseased condition? That is the reason why I should not recommend a depletory course of treatment. Remember, I have no reference to bleeding and purging.

Here is a case where we often find counter-irritation and blistering employed, or Tartar Emetic used for producing counter-irritation. Is that good practice here? There are conditions where counter-irritation must be produced, and where it is good practice—cases where you derive benefit from their action from revulsion. But in this case, Tartar Emetic, or anything of that kind, would produce great irritation of the system, and invite a great amount of inflammatory action to the part, and cause a high grade of action, resulting in great irritation of the nervous system.

I would, then, give this patient nutritious diet, easy of digestion, as much as the stomach would bear. I would give him stimulants—Bourbon Whisky; and I would give him, in connection with that, Glycerine. It is thought by some, that Cod-Liver Oil possesses a greater amount of nourishment than any other; but I think, however, that Glycerine is more admissible, and much less disagreeable, and assimilates much more readily, than Cod-Liver Oil. Give him nutritious diet—meat, game, etc. He needs no cathartics, no alteratives, in the sense in which we speak of them. Give him that which would be most easy of digestion, and yet contain the most nutrition.

And I would recommend the following prescription for him:—

R.—Bourbon Whisky, 3 iv.
Glycerine, 3 iv.
Ess. Tinct. Hydrastis Canadensis, 3 j.
Ferri Ferrocyanuretum, grs. xx.

The Iron, of course, in this prescription, will be held in suspension.

In a case like this, there is more or less feebleness of the system, and Iron is not to be given, but in very small doses.

Of the above, you may give him a tablespoonful, four times a day; and I shall order him to be sponged once a day with Alcohol over his whole body.

In regard to his diet, let him have whatever he desires to eat, but let it be of a nutritious character, such as roast beef, beef-steak; veal, mutton, poultry; and he may use an ordinary amount of vegetables.

What we expect to obtain by this course of treatment is, increase of vital action of the system, and improvement in the blood in regard to quantity and quality. If this can be done, the softening of the tubercles will be retarded. If it is not accomplished, they must take the usual course of softening, which will result in abscess of the lungs.

One remark further, in regard to this case. We are asked the question about the chances of a cure in this case. I think they are about equal. I think the chances are of that character to warrant the treatment. There is no doubt in my mind, that tubercles have existed in an indurated condition, and may pass into a state of softening. There is a certain class of persons who say, you can never be successful in this disease; but you have no right to believe it. I do not care what kind of disease it is, it will yield to some certain course of treatment; and I have no doubt that many cases of diseases of the lungs are cured every year, and it is your duty to try and do so. I shall call your attention, during the winter, to the disease, and shall show you the treatment; for we can not expect you to do it by following out the old method of treatment, which is of no avail.

PART FOURTH.

EDITORIAL.

OUR CAUSE.

Twenty years' experience in the medical profession has given us ample opportunity of observing men and measures, pertaining to and connected with the profession. The present honorable and popular position now held by the Eclectics, is the result of many years' hard and constant toil on the part of its pioneers, with the expenditure of large amounts of money. Prof. T. V. Morrow sacrificed not only his entire time and money, but even his life, in the founding and establishing the Institute, and the Eclectic system of medicine. Prof. L. E. Jones has been laboring constantly to the same end, and he has, like others, invested thousands of dollars, to make the cause a perfect success. Many others who have been, and still are, connected with this cause and the Institute, are no less zealous and faithful in the good work of medical reform. At the same time, thousands of the Eclectic practitioners throughout the United States, are doing everything in their power, not only to maintain the present position, but to advance the cause of Eclecticism in their respective localities, and thereby benefiting the cause at large. While this course has been adopted by those heretofore connected with the Eclectic Medical Institute, as well as by those who now contribute to its usefulness; while they have invested thousands of dollars in the enterprise, and that, too, without ever expecting to receive any profit from the investment, it has been the misfortune of a few persons, professing to be Eclectics, to take exceptions to all that has been done, on the ground that those connected with the Institute wish to set themselves up as leaders. We will venture the opinion, that this spirit never has actuated a single member to accept the responsible position—for a man who has money to invest, and wishes to make him

a profit, would never think of investing it in a medical school. We are certain that no such object is an incentive to action with those who have been, or are now, connected with the Eclectic Medical Institute.

To old croakers, in or out of the Eclectic profession, we say, croak on—it is your privilege; and if that business will afford you much pleasure and profit, we do not wish you to be molested.

The attacks made upon the Eclectic Medical Institute, or its Faculty, by self-inflated and self-constituted Eclectics, will amount to nothing; for this has been tried before, and proved neither profitable nor honorable.

Our cause is now in a prosperous condition, and if it should be our lot to be spared for twenty years more, we expect it will be spent in the cause of medical reform.

K.

PARALYSIS RESULTING FROM DIPHTHERIA.

Dr. A. V. Conklin writes to us in regard to a case of paralysis resulting from diphtheria. He thus describes it:—"A young man, aged twenty, was attacked by the disease, Dec. 26. An old-school physician was called, who cauterized his mouth and throat, once or twice a day, for nine days; then, every two or three days, for three weeks; then left him. Was called to see him, Feb. 10; found him very weak, not able to walk without staggering; pulse, 120; voice, so affected he could hardly be understood; but little appetite, and great difficulty in swallowing either food or drink, as it would return through his nose, or else irritate the glottis and set him coughing. The urine was scanty and high colored; bowels, constipated, and constant pain in his head. I examined the throat, and found considerable irritation of the fauces; part of the soft palate was gone, and there was great loss of action of the muscles concerned in deglutition. He had a hard cough and considerable expectoration, so much so that his friends thought him fast going with consumption.

"Under treatment—bitter tonics, iron, stimulants, etc.;—he has recovered his general health, looks well, and has a good

appetite and digestion; but there is wasting of the muscles of his arms and legs, and his hips give way whenever he attempts to get on his feet, though he can move them, and has natural sensation. I am using Comp. Tinct. *Strychnia*, to increase innervation, and the Irritating Plaster. What else shall I do?"

Similar cases have occurred in many sections of the country. I have noticed in some cases, in my practice, a strong tendency to subacute spinal meningitis, which I promptly treated by active counter-irritation to the spine. Others have noticed the same tendency, and occasionally it has resulted in partial or complete paraplegia. Again: it has been found, that when the disease had continued for a long time, there was left a remarkable exhaustion of the nervous centers, giving rise to the symptoms in the above case.

In those cases—the result of meningitis—counter-irritation, with the Irritating Plaster, should be continuously employed; the Salts of Potassa, with vegetable alteratives, to keep up free secretion, and promote the absorption of the effusion; stimulant baths to the paralyzed part; to promote free circulation; and, with returning motion and secretion, the preparations of *Nux Vomica*, to stimulate the nervous system.

In the case of Dr. Conklin, I should suspect exhaustion of the nervous system, and would prescribe the Hypophosphites, Sulphur, Quinine, and Ammonia, say,—

R. Hypophosphite of Lime, 3 ij.
 Hypophosphite of Ammonia, 3 j.
 Sulphur Sub., 3 j.
 Quinia Sulphas, 3 ss.
 Symplicum Simplex, 3 v.

M. The dose would be a teaspoonful, four times a day.

The excretions should be kept free; appetite and digestion good, by the further use of tonics and Iron, if necessary. Especial attention should be paid to keeping up free circulation in the parts affected, by the use of a bath of Tinct. Capsicum and Water, with brisk friction. Time is an important curative agent in such cases, and much patience is required on the part of physician and patient.

S.

**ECLECTIC MEDICAL INSTITUTE,
OF
CINCINNATI, OHIO.**

Chartered in 1845. Whole number of Matriculants, including the Winter Session of 1860, and Spring Session of 1861, 3,196.

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The fees are, \$35 per session. Graduation fee, \$25.

All communications to be addressed to R. S. NEWTON, M.D., No. 90, Seventh Street, Cincinnati, Ohio.

DIABETES.

Dr. Cooper writes: "I have a case of diabetes, of more than a year's standing, that has resisted drug and water-cure treatment. I propose to treat him with Scovill's Alterative Syrup, Irritating Plaster to the spine, Vapor Bath, Opium as an astringent, with attention to the bowels, meat diet, etc. Can you give me any suggestions?"

The Doctor does not mention whether it is a case of diabetes mellitus, or insipidus. I will suppose it to be the former; and, not entering into the pathology of the disease, will give the treatment adopted by me.

There is no doubt but the disease depends upon mal-assimilation of the food, and deranged secretion. We find, in all cases, that digestion is imperfectly performed, and want of action of the skin and bowels. The bitter tonics and iron are indicated in all cases, to improve digestion, and the quantity and quality of the blood. They fail of accomplishing this purpose, in many cases:—1. From an atonic condition of the glandulæ of the stomach, the mucous secretion being in excess. The symptoms are, a loaded tongue in the morning, with bad taste in the mouth; appetite variable; a sense of weight and fullness in epigastric region, especially for some time after eating; much gaseous distension in many cases; and, frequently, fetid breath. In this case, we precede the tonics with a thorough emetic, repeating it during the progress of the treatment, whenever these symptoms reappear. 2. From atony of the muscular coat of the stomach and bowels, when I employ the preparations of *Nux. Vomica*. 3. From chronic inflammation or irritation of the stomach, in which I employ the Irritating Plaster to epigastrium, with internal remedies adapted to the condition of the stomach. 4. From torpor of the liver, with consequent congestion of the stomach and entire intestinal tract, which is removed best by infusion of *Leptandra Virginica*, *Dioscorea Villosa*, with, sometimes, infusion of *Podophyllum Peltatum*. These remedies are the best we can resort to, to overcome the constipation of the bowels. 5. From deficient innervation. 6. From defective or perverted secre-

tion. These last will have to be considered as separate elements of the disease.

Deficient innervation is undoubtedly one of the most frequent causes of saccharine diabetes, as we find the evidence of it in almost every case. The nutrition of the entire nervous system appears to be impaired. So far as the cerebro-spinal system is concerned, we have positive testimony in the general symptoms; whilst the derangement of the digestive and blood-making organs implicate the sympathetic system. As stated in a preceding article, I treat this condition by the administration of the Hypophosphites, Sulphur, and Quinine. That such remedies are advantageously employed, is proven to some extent by writers on medicine, though they have not been employed for the reason named above. Dr. Copland says:—"The *Phosphoric Acid bath* alone, and in combination with, or neutralized by, other substances, has been recommended by Nicolas, Guedeville, Latham, Sharkey, and Venalles. Dr. Sharkey speaks favorably of the *Phosphate of Soda*. It has the advantage of preserving a free state of the bowels, whilst it tends, in a very marked manner, to diminish the flow of urine." "*Sulphur* and the *Alkaline Sulphurets* have received a deservedly favorable notice from Huttenreith, Redfearn, Bang, Rollo, and Michaelis. The *Hepaticized Amonia* was particularly noticed by Dr. Rollo, with the view of furnishing to the system, along with a liberal animal diet, the elements which seemed to be wanting to the chyle and to the urinary secretion. The free use of Sulphur, so as to produce an aperient effect, is often beneficial. I have seen much advantage derived from it. And the free use of the Sulphurets are often serviceable to the general plan of treatment. Dr. Christie mentions them with approbation, in his interesting details of cases treated by him in Ceylon. Almost all authors agree in recommending the Cinchona and its Salts.

The excretions from the skin and bowels are either diminished in quantity, or perverted. Thus we find the skin harsh and dry, in a majority of cases; in others, relaxed and flabby, with deficient capillary circulation. In the first place, we employ the Alkaline bath, the Nitro-Muriatic Acid bath, the Sulphur bath, or a bath of diluted Vinegar, with friction. In the second, a bath of an infusion or decoction of the bitter tonics

and astringents, as the Cinchona, or Hydrastia and Quercus, with the addition of a stimulant, if necessary, which, in my practice, is Tinct. of Capsicum. The agents best adapted to promote normal action of the intestinal canal, have been named already,—infusion of Leptandra, Podophyllum, with the addition of Sulphur, or the laxative Sulphurets, and the Phosphate of Soda.

As a local application to the loins, nothing will prove more serviceable than a flannel bandage, wrung out of strong Cider-Vinegar, changed three times per day.

The most efficient remedy, directed to the kidneys, so far as my experience extends, is the *Santonine*, in doses of two or three grains, every four hours. It should be thoroughly triturated with loaf sugar, or sugar of milk. I may add, that the employment of *brown* sugar in large quantities—say, one or two ounces, four times per day—has been highly recommended to me. The treatment by the internal administration of Cantharides, is probably known to the inquirer.

S.

VALUE OF STATISTICS.

It has been remarked by one of our most erudite writers on medicine, that “the vast importance of the doctrine of statistics, and its power of elucidating, simplifying, and deciding many and various inquiries in surgical and medical science, is now becoming daily more and more acknowledged by the members of the profession.” We feel at the present time, like making such acknowledgement, having before us a mass of statistics, published in an Eclectic journal, which really strike us with awe.

One practitioner gives, as the result of 19 years’ practice, 66,031 patients, (no toothaches, but actual, real, bona fide patients), with a mortality of but 353. The doctor had undoubtedly led a busy life, for if we allow but 6 visits to each patient, he would have averaged within a fraction of 40 visits per day; and must have made plenty of money, for, if to receive \$5 from each patient, it would have amounted to the sum of \$330,155.00.

This, however, is a mere mathematical calculation, and does not solve any of the "many and various inquiries in surgical and medical science;" but there are some solved, which we will notice. Of cases of *hysteria*, he had 317, with a mortality of 23. Now we have never been so fortunate as to see a patient die with this disease, but we have a mortality established of 8 per cent. Again, of *neuralgia*, he had 1460 cases, with a mortality of 46. We have seen persons, as we thought, laboring under the severest forms of this disease for a series of years, but absolutely refusing to die; yet we must yield to statistics, and be satisfied that they would have succumbed if we had waited long enough.

But, leaving these serious diseases, we glance at a list of minor affections.

Of *cirrhosis of liver*, he had 71 cases; of which he cured 69. Now, when we take into consideration that this is an organic affection of the viscus, consisting of a replacement of the secreting structure, by fibrous tissues and other adventitious formation; and that when fully developed, it has always been considered incurable; We are led to the opinion, that the doctor must have discovered some new remedy, capable of removing the adventitious tissue and forming bile-ducts, cells, etc. Again, of *pseudo-membranous croup*, the severest of all the affections of childhood, 473 cases were treated, with but 6 deaths. It has been the doctor's misfortune to have a larger number of cases than usually falls to the lot of one man, and we must always admire the promptness in sending for the physician, and his promptness in attending, for all who have seen the disease are well aware how rapidly many cases progress to a fatal termination, and that many times before the parents see the urgent necessity for medical advice, the child's hours are numbered, and no power under heaven could save it.

Carrying his statistics still farther, we find he has treated of *diphtheritis*, 1609 cases, and that in a city in which it has not been epidemic; and, what is still more singular, with but one death. Of *inflammation of the heart*,—which we, in our simplicity, imagined quite a serious affection,—176 cases have been treated, with a loss of but 2; of *phlebitis*, 317 cases, no deaths; and of *hydrocephalus*, 195 cases, and only 2 died;

We should like to pursue this subject farther, but at this time are in the condition of *Trabb's boy*—overcome with astonishment—and can only exclaim, is it not *Paineful*!

S.

A NEW MEDICAL WORK.

Prof. R. S. NEWTON has just issued his new work on Fever and Inflammation; giving all the late views of this subject, with a full classification of Fever, and its treatment. Price, \$1.50, by mail.

S.

EDITORIAL ABSTRACTS AND CLIPPINGS.

We find in the January number of the *American Medical Monthly*, an essay of nine pages on "An Effort to Shorten the Duration and Diminish the Pain of the First Stage of Labor, with a record of one hundred and forty-seven cases. By For-dyce Barker, M.D." The first portion is devoted to describing the first stage of labor, defining its precursory symptoms and its phenomena; the author then states that he gives Belladonna internally as a preparation for labor, and by its use, he thinks, he has shortened its duration and pain. He says:

"I have found a very great difference in patients as to their susceptibility to the influence of the agent, and also a great difference in the purity and strength of the article. One extract would seem to have double the potency of another, without any corresponding difference in the appearance of color or odor.

"I have aimed to commence always with a minimum dose, but in some cases, owing either to the idiosyncrasy of the patient, or the unusual strength of the article, I have been obliged to diminish the dose; but in most cases it has been gradually doubled, or even tripled. The test has been the constitutional effects of the article exhibited in a slight degree; as, dryness of the throat, slight uneasiness or giddiness of the head, or dimness of the vision. I direct that any and all of these

symptoms should be watched for, and if they appear, to slightly diminish the dose; that is, take it twice instead of thrice a day. In but one case have I had any really unpleasant effects produced. This patient had been poisoned in her childhood by eating the berries of the belladonna, and after taking the article for three days, its constitutional effects were suddenly developed, and excited great alarm on the part of her friends. The symptoms, however, disappeared in the course of twenty-four hours. Labor came on the second day after the disappearance of the symptoms, and was so rapid that I did not see the patient until it was completed. Her first labor (this was her second) was reported to have been thirty-six hours in duration.

In not one of the cases was the child still-born, and in none of them was there post partum hemorrhage or retention of the placenta. In one, the function of lactation was entirely absent; and in two others, the mammary secretion did not appear until the fifth day. Where the patient was plethoric, of a full habit, rigid fiber and active circulation, I have combined the antimon. et potass. tart., as in the following formula:—

R.—Belladon. ext.,	-	-	-	gr. viij.
Antimon. et potass. tart.,	-	-	-	gr. iij.
Syr. aurantii,	-	-	-	3 ij.
Tinc. aurantii,	-	-	-	3 j.
Aquæ,	-	-	-	aa., 3 j.

M. S. A teaspoonful three times a day.

In all the cases, I have commenced with the extract of the belladonna, in one-quarter-grain doses. With some I have made use of the following formula:—

R.—Tinc. cinchon. co.,	-	-	-	3 iv.
Syr.,	-	-	-	3 j.
Belladon. ext.	-	-	-	gr. viij. M.

Where special indications have existed, I have combined the belladonna with a great variety of other articles. The test of a larger experience and of other careful observers is needed to

determine whether this prophylactic plan is a real contribution to the progress of the obstetric art."

A table follows in which one hundred and forty-seven cases are recorded, stating the number of pregnancies, the number of days belladonna was taken, the number of hours of the duration of the first, second and third stages of labor, the presentation, the number of hours during which chloroform was taken, and the sex of the child. It appears from the table that deducting the number of cases in which the duration of the first stage was unknown, the average duration of the first stage in the balance was about five hours. This, of course, would be some evidence to guide us in the administration of belladonna for the purpose proposed, if the doctor had also given us another table of an equal number of cases, prepared like this, wherein the belladonna was not used; but in the absence of such observations, the present labor is but of little avail, as it does not prove that the "effort" was successful, but it does evince the observation, skill, and order of the obstetrician.

Amer. Jour. of Mat. Medica.

Causes of Insanity.—During the twenty-seven years ending in 1860, the following are the chief supposed causes of insanity of the patients admitted to the Lunatic hospital at Worcester, Massachusetts:—Epilepsy, 127; fevers, 65; ill health, 695; isolation, 14 (all males); palsy, 62; suppressed eruption, 9; puerperal, 141; turn of life, 32; injury of head, 52; poison of lead, 2; stroke of lightning, 2; excessive labor, 79; loss of sleep, 5; excessive study, 81; spiritualism, 25; false accusation, 1; domestic troubles, 118 males, 295 females; unhappy marriage, 4 males and 2 females; disappointment in love, 55 males and 61 females; disappointed ambition, 6 males and 6 females; fright, 32; political excitement, 13 males; religious excitement, 120 males, 166 females; pecuniary troubles, 130 males, 166 females; fear of poverty, 30 males and 11 females; violent temper, 2 males and 16 females; jealousy, 17 males and 23 females; intemperance, 130 males and 55 females; masturbation, 276.—*Exchange.*

Hemorrhage from the Lungs.—About four weeks ago, we were called to visit a lady who had been much alarmed and troubled with bleeding from the lungs. The attacks had been frequent, occurring every day for the last twenty days. The ordinary remedies had been administered without success, before our visit. The pulse was tense, frequent, and jerking; the strength much reduced. We gave, at bed-time:—

Gelsemin,	gr. ss.
Asclepin,	gr. ij. M.

Early next morning, a small amount of blood was expectorated—about half a tablespoonful. We now put her upon the following treatment:—

Hamamelin,	
Asclepin,	aa. gr. vj.

Mix, and divide into 12 powders, of which give one powder every two hours.

The Gelsemin and Asclepin were continued every night for a week; after which Cornin and Cerasein were administered four times a day, as tonics. There has been no return of the hemorrhage. We have used Gelsemin, in proper combinations, several times, for suppression of hemorrhage, and with very good results, and we trust our medical brethren will find it equally successful.

B.

Amer. Jour. of Mat. Med.

It is now pretty well agreed among the learned in every science, that the foundation of all true and solid knowledge must be laid in observation and experiment. They are, indeed, the only substantial basis on which we can surely venture to establish any kind of doctrine, and the surest tests whereby to try the validity of any philosophical system that comes before us; for what do any modes of reasoning avail, where facts and experiments are wanting in their support?—
DR. SHAW, 1755.

Hoffman's Anodyne in Delirium Tremens.—Dr. F. B. A. Lewis, of Watertown, N. Y., sends the following to the Medical and Surgical Journal, published at Boston, Mass.:—

MESSES. EDITORS:—I was at the Deer Island Hospital for a few months after my graduation, and while there treated quite a number of cases of delirium tremens, and of intemperance, the latter including those who had irritation of the stomach, and the “shakes,” as some term the state, but not amounting to decided delirium. I employed the various means presented by the text-books, and watched the success of students in the same institution, with variable success; and at one time, thinking that Hoffman's Anodyne might answer the indications, I tried it in seventeen cases of delirium tremens, and fourteen cases of intemperance, in doses of 3 ss, every hour, and of the thirty-one cases, I did not lose one. Perhaps this will not in the least interest you, but as I see the journals filled with new treatments for this disease, and being a subscriber to the Journal, I thought it possible it might deserve a space in its pages.

Formula for the Radical Cure of Asthma. By J. SMS & SOX, Wilmington.

R.—Iodid. Potassi, 3 ss.

Fl. Ext. Lobeliae, 3 i.

Aq. Fontanae, 3 xv.

M. A tablespoonful four times a day.

Amer. Druggists' Circular.

Dr. Von Hauer (*Erdmann's Journal*, vol. lxxxi), recommends the use of iron reduced by hydrogen in the preparation of carbonated iron-waters. One pint of water saturated at the common atmospheric pressure, takes up as much metallic iron in this state as forms seven grains of proto-carbonate of iron. He prepares the iron by reducing the oxyd obtained from calcining oxalate of iron under access of air.—*Am. Drug. Circ.*

Glycerine and Tannic Acid in Vaginitis.—In the treatment of this affection, M. Demarquay has found a composition, consisting of eighty parts of glycerine and twenty of tannic acid, of great service. When the vaginitis first appears, the inflammatory symptoms should be calmed by appropriate regimen, baths, and frequent emollient injections. When the first stage of the inflammation has passed away, and the careful introduction of the speculum has become possible, abundant injections of water are to be thrown in, so as to remove all the mucus which lines the walls of the vagina, and these are then dried by a plug of charpie placed at the end of a long forceps. Then three plugs of wadding, well soaked in glycerine and tannic acid, are to be introduced. Next day, after a bath, the plugs are removed, new injections made, and the dressing repeated. M. Demarquay has never had to have recourse to more than four or five such dressings. After discontinuing them, astringent injections, consisting of infusion of walnut leaves in which one drachm of alum to the quart has been dissolved, are employed, two or three times a day for a week or ten days.—*Bulletin de Therapeutique.*

Copaivin.—In our first number we brought before the attention of the profession a new preparation of Copaiba. Since that time we have improved the *Copaivin* by scientific manufacture. It is now more pulverulent, and although it will absorb moisture from the atmosphere if left exposed, it keeps well if the bottle is kept corked. All those who have used it prefer it to any other preparation of the copaiba, as it can be taken without taste, and without such unpleasant and constant eructations as are produced by other preparations. From its minutely divided state, it acts more quickly, and is absorbed without causing derangement of the stomach. That it is absorbed, may be proved by the peculiar smell it imparts to the urine. The demand we have had for the *Copaivin* has hitherto been larger than we have been enabled to supply, but by next week we will fill all orders.—[B. K.]

Amer. Jour. of Mat. Med.

Quinina in Asthenic Pneumonia.—D. J. Boyd, of Abbeville, North Carolina, relates in the Charleston Medical Journal and Review, a successful case of treatment of asthenic pneumonia by quinine. In this case—which was of several days' standing—the patient had been previously purged and blistered. The state of the patient being one of extreme danger, Mr. Boyd determined to try the effect of large doses of quinine. Five grains of quinine were therefore administered every three hours, and in less than twenty-four hours, a marked change for the better was evident. The same treatment was continued for three days, during which a rapid improvement took place, and the patient was nearly well on the fifth day of the trial of the new plan.

Strychnia.—Dr. Davis, of Chicago, gives an enema containing a small dose of strychnia to relieve paralysis of the alimentary canal, occurring after typhoid fever.—*Amer. Med. Monthly*, Feb., 1861.

Neuralgia.—Twenty grains of lupulin, and ten grains of prussiate of iron, divided into two powders, and one taken night and morning, have cured a large number of cases of this disease.

Early Pregnancy.—A case is related by Dr. Blane, of a girl about fourteen years of age, (not married). She had no appearance of puberty; no mammae; pubic region that of a little girl; vulva more spare than I ever knew in any case; and yet she was delivered; after a natural labor of four hours, of a fine, healthy-looking boy, weighing nearly 10 pounds. The child has, of course, to be nourished artificially.—*Transac. State Medical Society of N. J.*

MARRIED.

At the residence of the bride's father, in Marion, Grant Co., Ind., April 17, 1861, by Rev. J. P. Watson, MILTON JAY, M.D., to Miss EURETTA WEBSTER; all of Marion, Ind.

ECLECTIC MEDICAL JOURNAL.

VOL. XX.

JUNE, 1861.

No. 6.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*New Physiological Discoveries.* By W. BYRD
POWELL, M. D.

THAT physiological discovery which I have made, and denominated physiological incest, or marriage in contravention of constitutional law, is, I can not doubt, in view of the observations I have made in the past sixteen years, and to which I referred in the Eclectic Medical Journal, in 1860, the most important one ever announced in human physiology. But in assigning such importance to this discovery, I would not have any reader to suppose that I entertain a disparaging opinion of the discoveries made by Messrs. Harvey, Gall, Spurzheim, and others; but if the value of a discovery is to be estimated by its importance to the human race, then, I am sure that, that of physiological incest, has no rival.

It is, has ever been, and probably forever will be conceded

WHOLE SERIES XX.

by every human mind, that the reproductive function of the species, or that by which the species is perpetuated, is of paramount importance—the most important of which the species is capable. Any cause which has the effect to defeat this function, or to threaten the perpetuity of the species, has never failed to produce the deepest concern in the minds of legislators and philanthropists.

And physiological incest, to a great extent, defeats the function, and, to an alarming extent, threatens the perpetuity of the species. It has, to the extent of my reading, ever been the opinion of physiologists, that good health and sound constitutions in parents constituted a guaranty for sound and viable children. This may possibly have been the fact; but certain I am that it is not the fact now. So certain am I of this, that I hesitate not to assert, that parents of good and sound constitutions do very frequently entail upon their children, idiocy and scrofulous constitutions. Physiological incest, or incompatibility of constitution between parents, produces all those consequences which hitherto were attributed to the marriage of blood relations, or consanguine incest.

The opinion extensively prevails, and is deeply rooted in the public mind, that consanguinely-incestuous marriages—that is, marriages between cousins and other parties related by blood—produce idiotic and scrofulous children. This opinion, whether true or false, had its origin, probably, before the dawn of authentic history; but if we accept of it as a truth, it must be upon the principle that it is founded in some physiological law of humanity; and as the physiological laws come under the denomination of the natural laws, which, in their nature, do not admit of exceptions; and as a very large percentage of consanguine marriages produce as sound and viable children as any other marriages, and in my observations, this has been the rule, and the contrary the exception; hence my conclusion, philosophically, is, that blood or consanguine relation between married parties is not the cause of the evil consequences which are occasionally observed to obtain with such parties. Indeed, I am entirely sure that blood relationship between parties in marriage has no influence in the premises.

I do not, however, pretend to doubt or deny that idiocy, scrofula, etc., are occasionally seen in the families of parents

who are related by blood ; but I deny that their relationship had any agency in producing the mischief. In this relation, consanguine parties occupy the same position that all other parties do. All parties who are constitutionally incompatible, will have idiotic or scrofulous children, if they have any, which is always doubtful.

Dr. Patterson, of the Idiotic Asylum of Ohio, informs me that he has found but two per cent. of the idiots under his care, to have had consanguine parents ; and in Massachusetts, the per centage of idiots from consanguine parents, is about the same. Dr. Brown, of Barre, Mass., informs me that two idiots in a hundred and eight, have consanguine progenitors.

These statistics prove most incontestibly that a fruitful cause of idiocy does obtain, independently of consanguine marriages. And the inference, to a philosophical mind, must be, that it is far more probable that all idiots result from that cause which operates so frequently outside of the consanguine relation, and consequently the consanguinity of some progenitors who have idiotic children, is nothing more than a coincidental circumstance. As some of the fossilized medical fools of Cincinnati have said that my doctrine of physiological incest is but a morbid fancy of a cracked brain, so, in the estimation of such specimens of fossilized stupidity, all discoveries are morbid fancies, and the discoverers crack-brains. The discoveries of Harvey and Gall were morbid fancies. Those who have pronounced our discovery a morbid fancy, have not, I am sure, physiological knowledge to render them competent judges as to whether I have made a discovery or not. It may be on the principle that misery loves company, that I am pleased to have it in my power to name another gentleman who entertains a morbid fancy precisely like the one that my crack-brain has promulgated. Dr. Browne, of Barre, Massachusetts, informs me that in some of his published essays, he has inculcated the doctrine that a physiological incompatibility frequently obtains between the sexes, which causes them to entail on their children idiocy. The difference between Dr. Browne's fancy and that of myself, is this : his goes to the extent only of congenital idiocy, whilst mine embraces all varieties of scrofulous constitution. The Dr. has not informed me whether he has

acquired the diagnostic indices of the incompatibility that entails idiocy.

My investigations of physiological incest have brought me to the conclusion that it consists in a physiological similitude between the respective sexes, and all the varieties of this similitude are destructive to progeny. A conception of this law obtains very generally in society. Indeed, I know of no opinion that is more generally entertained by society than this: the marriage of certain parties of the respective sexes is naturally incestuous. And hence people are frequently heard to say, that a person seeking a companion in marriage should select one who is as much unlike him or herself as possible. This opinion, as it obtains in society, I regard as being the expression of a human instinct, rather than as legitimate inference from observation. The instinct, however, is right; but it does not give a knowledge of the indices and conditions that constitute incompatibility. All that my discovery claims to do is, to guide this instinct. People who have a full habit of body, dark hair, eyes, and skin, are impelled by instinct to seek for a companion in marriage, one who is lean or spare in person, with light hair, fair skin, and blue eyes. Such parties are occasionally compatible, but very frequently they are highly incompatible, and every child they may have will die during infancy.

Uneducated observers can perceive no indices of a physiological similitude between these parties; nevertheless, the physiologist, who has been educated with reference to this subject, will frequently—indeed, in a majority of cases—discover at sight, a very remarkable similitude between parties who are embraced by the above descriptions.

To physiologically incestuous marriages do I attribute all of the idiocy, and all of the scrofulous forms of disease, and much of the insanity which are now scourging our species. I am free to confess that I can not comprehend how it is that soundly physiological and healthy parents can and do entail on their children, idiocy and scrofulous constitutions; but that they do, is a fact that can not admit of a successful disputation; and probably it would not avail much if we comprehended how it is that certain sound and healthy parties are incompatible in reference to the reproductive function. I think it to be exceed-

ingly probable that I have all, in this relation, that can be rendered inservient to our species, which consists of the fact, its indices, and the conditions under which it obtains.

To give a satisfactory exposition of this subject, in the compass of a short contribution to a serial, must not, and should not be expected; but I will attempt to do enough to enable your readers to form a reasonable conception of the subject; and if then there should be some who desire to become so far informed on the subject as to be able to avoid the contraction of an incestuous marriage, they must become the patrons of the *Journal of Human Science*, which I am editing.

The human race appears to be divisible into four classes, which are distinguished by certain physiological or constitutional peculiarities which were denominated, when observed or discovered, the human temperaments. Temperament is a peculiar mode of animal life, compatible with health and longevity. This definition is, perhaps, as good as can be given.

The elementary temperaments, as I understand and teach them, are four; and they are nominated respectively as follows:—

1. The Sanguine. 2. The Bilious. 3. The Lymphatic; and, 4. The Encephalic.

For the purpose of elucidation, I divide the four elementary temperaments into two classes. The vital and the non-vital, the Sanguine and the Bilious constitute the first, and the Lymphatic and the Encephalic constitute the second.

The whole subject may now be reduced to the three following laws:—

Law 1. When the parties to a marriage respectively have the same temperament, the marriage will be incestuous.

Law 2. When a non-vital temperament enters into the constitution of the parties respectively, the alliance will be incestuous.

Law 3. In all marriages contracted with a view to, or a probability of children, one of the parties should have an exclusively vital temperament; and the temperament of the other party must be more or less non-vital, to prevent an incestuous similitude.

A few illustrations of these laws will render them plain:—

Law 1. When the parties to a marriage are respectively

sanguine-encephalic, the marriage is incestuous, and the children will die in infancy, of brain fever or dropsy of the brain.

“When the parties to a marriage are bilious-encephalic, the marriage will be incestuous, and the consequence will be, no children, idiotic children, or children that will die in infancy, of brain fever, or dropsy of the brain.

“When the parties to a marriage are respectively sanguine bilious-lymphatic, the marriage will be incestuous, and the children will die young, of consumption of the lungs, or abdominal glands.

Law 2. When one of the parties to a marriage is sanguine encephalo-lymphatic, and the other is bilious encephalo-lymphatic, the marriage will be in the highest degree incestuous, and the result will be, that the children, to the extent of two thirds, will be born dead. This I regard as a uniform result in marriages of this kind.

When one of the parties is sanguine bilious-encephalic, and the other is sanguine bilious-lymphatic, the alliance will be incestuous, and the consequences to the children will be, early death, by tuberculous forms of disease of the lungs, or abdominal glands.

When one party is bilious-encephalic, and the other is sanguine encephalo-bilious-lymphatic, the marriage will be incestuous, and the consequences upon the children will be, insanity at an early age.

To give a description of all the temperaments to which I have made reference, would demand more of my time than I can now spare, and more space, Mr. Editor, in your journal than you can spare. Indeed, to do so, would require several numbers of your journal.

Physiological incest is rapidly increasing in our land, and no lady or gentleman can enter into the marriage relation, at this time, without the hazard of becoming the progenitors of idiots or scrofulous constitutions.

Law 3. I will illustrate this law by cases I have seen.

Mr. Blank is lymphatic, a disgusting sack of humors; his wife is a lean, wrinkled, bilious woman, and no married couple in the state would be deemed less promising as progenitors, but they are physiologically compatible, and they have had

nine children, and all are nearly grown, and all in good health and promise.

Mr. — is sanguine-bilious, a vital temperament; his wife is bilious-lymphatic; their marriage was legal, physiologically, and they have thirteen children, all sound and promising, and all nearly grown. So much for obedience to the physiological laws.

That this incest is working out the extinction of the human race, I have no doubt. Those who have not examined this subject, may think me extravagant; but those who know me, know me to be as exclusively a matter-of-fact man as Mr. Any-one-else. I never indulge in speculation.

We are informed that the human race was once destroyed by a flood, and physiological incest may be a provision of Providence for its destruction; and certainly it has become wicked enough to merit destruction. Admit this to be the fact, and yet it does not absolve us from the obligation to obey the physiological laws. In disobedience to those laws, we are to look for all the sin, wickedness, disease and premature death of our race.

Every child of ten summers, by a little attention to this subject, can learn how to avoid an incestuous marriage. If our young people neglect to inform themselves in this important relation, they should not complain of Providence in the event they should become the parents of idiotic or scrofulous children. We can not conceive how it can be probable that any young lady, of respectable intelligence, can venture to become a wife, with about three chances of becoming the mother of idiots or consumptives, to one of a more favorable character; more especially, when a certainty of avoiding the former can be obtained by a little attention to this subject.

So enormous is this evil of physiological incest in our land, that I exceedingly doubt whether less than ninety-five per cent. of our marriages are not more or less incestuous; and that the progeny of all such marriages will die, there can be no doubt. The children of physiologically legal marriages are exceedingly unimpressible to all causes of disease, and usually live till they wear out, which but rarely happens under the age of a hundred years.

ART. II. — *Is the Cause of Eclecticism Progressing?* By
R. S. NEWTON, M.D.

The several thousand physicians who have received their medical education in the halls of the Eclectic Medical Institute, of this city, are by no means idle. This body of noble men, with the cynosure of Right and Truth before them, are constantly progressing onward, and not only adding greatly to our materia medica, but are adding daily other physicians, their compeers, to the great Eclectic body. It is from the Allopathic ranks that we are now receiving many of our most valued and learned co-laborers. As it is the most independent and thinking physician who is most prone to break through the fetters of bigotry, and by the force of observation and reasoning, to traverse the fields lying beyond the Allopathic fold, so must it be those very persons who come to us from the narrow field of Allopathy. It only requires that thought, free and untrammelled, shall for a time exercise its inalienable right, that the old foggy of to-day may be the free and unfettered Eclectic of to-morrow.

The "regular" physician of Europe resembles the Eclectic of the United States much more closely, in his practice, than what is termed the regular physician of this country. It is seldom that the more enlightened European physicians resort to the lancet, or to the poisonous mineral drugs so profusely and universally used by the "regulars" here. They are repudiating these destroyers of human life, and resorting to the more simple means of the American Eclectics. As [the human mind continues to progress, so will Allopathy approach Eclecticism, until finally the entire profession, the world over, will have adopted that enlightened method of practice which has been so auspiciously begun by the Eclectics of the present day.

When we look over the statistics of the Eclectic medical profession throughout the United States and the Canadas, scarcely a county but contains its Eclectic physician, who is universally a busy, active, intelligent gentleman, devoted to his profession, laboring day and night to perfect himself in the intricate science of curing disease. With such men as these

for our vanguard, the great army of Eclecticism will press onward to continued victory.

Here is a system of practice which is founded on reason and the highest acquirements of other systems—a system which carefully examines every new principle, tests every new remedy, adopts the demonstrative facts and principles of all systems, and presents much to the physician unknown to other schools of practice,—which, in short, courts investigation—which demonstrates its correctness by its successful results. Young men, who have reputations to gain, are beginning to learn its worth, and we have an abiding faith that all the sects must soon give way to the onward march of this rational system of medicine.

It was only a few years ago that the Allopathic practice condemned, in the strongest terms, the concentrated medicines discovered and used then exclusively by the Eclectic profession. No language was too strong in condemnation of these preparations; and when this failed them, the potent weapon of ridicule was resorted to for the purpose of depreciating these medicines with the profession. All of this, as might be anticipated, failed, for still the concentrated medicines continued to sell. After having failed in this effort to retard the spread of the Eclectic preparations, the attention of some of the least prejudiced of the Allopathic profession was directed to them. Thus they passed into the ranks of the Allopaths, and there they have been gaining ground, until their use by the Allopathic profession, is about as great as by those of the Eclectic.

It will not be a great while before the concentrated preparations will be used by the Allopathic, as well as the Eclectic profession, to the exclusion of all other medicines; for their uniform activity, and therefore their greater reliability, will recommend them to any unprejudiced person at all competent to judge between a good and a bad medicine.

Although there are many in the Allopathic ranks who are too bigoted and narrow-minded to try a preparation, because got up by an opponent, still there are many who will not hesitate to become Eclectics, by practising their motto of, "trying all things, and holding on to the best." These are the men who have already adopted the concentrated medicines of the Eclectics. They are bold, independent thinkers, but little inclined

to be circumscribed by the narrow medical boundaries which some colleges would force upon their students.

As a further evidence of the Allopathic branch of the profession assuming the Eclectic doctrine, we copy the following from the editorial columns of the *Philadelphia Medical and Surgical Reporter*, for December, 1860:—

“Tendencies of Therapeutics.—The tendencies of medicine, at the present time, form an interesting study, particularly as they relate to therapeutics. It is, hence, with great pleasure that we lay before our readers the discussion on the subject, which took place recently at the Philadelphia County Medical Society.

The almost universal abandonment of the lancet, the substitution of milder plans of treatment for those heroic modes in vogue a generation ago, are matters of history. Quinine and iron are now given, where tartar emetic was formerly resorted to; patients are kept upon a nutritious diet where once they were bled, and, while formerly the patient was denied water for fear of increasing the fever, he is now put upon brandy in larger or smaller doses. The general tendency of therapeutics is, to use a favorite and expressive clinical phrase, “building up,” sustaining and stimulating. That such is the tendency of our day, about this there can be no dispute.

There are those who look upon these changes as the result of accident and *fashion*; they regard the representative men of successive schools in therapeutics as medical Beau Brummels. As in the matter of habiliments, certain fashions prevail for a time, pass away, and are followed by others, recurring, sooner or later, in the same or a slightly modified form; so there are those in the profession who consider the present tendency of building up and stimulating in therapeutics as a resurrection of Brunonianism, with a modern cut. With this view it is, of course, confidently predicted that the new mode will, sooner or later, go “out of fashion.”

However *easy* a view this may be, it is at once both superficial and obviously false.

There is no part of the intellectual development of mankind which is not regulated by laws and logic as permanent and immutable as those of the physical world, and, when we

observe strong and irresistible currents in the science of medicine, all running in one direction, it is as philosophical to call them merely accidental and fashionable, as it would be to call the rise and progress of empires accident, and the strifes and battles of nations for freedom and independence the result of fashion. There is a logic in the development of medicine as there is a logic in the history of nations, and to study the causes which lead to the changes constantly going on, and thus to grasp in one general idea the tendency of the science, must be the aim of the philosophical observer.

There have been essentially two modes of interpreting the change in the therapeutical tendency during the last two decennia. One party says that the type of diseases has changed from the sthenic to the asthenic; another party claims that science, or rather that physicians have changed by arriving at a better understanding of disease, its nature and therapeutical indications. Then we have views compromising between these two. It is claimed that there are cyclical changes in the type of diseases, governed by laws, meteorologic and terrestrial, as yet not understood, and that we are at present at the low tide, asthenic, of one of these cycles.

There has been, in all the discussions on the subject, a great oversight of some very important facts, a proper consideration of which will enable us, perhaps, to understand more fully the causes of the revolution in therapeutics. We allude to the *social* changes which have taken place simultaneously with the former.

Have there been any causes, operating during the last thirty years, which would lead, not to a change of type in disease, but to a change in the physical constitution of man, in consequence of habits, modes of life, occupation, which would render him more apt to succumb to attacks of disease, and whence the necessity of a more sustaining and stimulating treatment, than before these causes were in operation? Are there any influences now at work, not in operation to the same extent thirty years ago, which tend to enfeeble the constitution of men? Most assuredly.

Is it to be supposed that a few hundred thousand miles of railroad track that have been laid within thirty years, covering the map of the civilized world, like the web of a spider,

with tens of thousands of steam-horses, carrying millions upon millions of men at a tremendous speed, and a hundred thousand steamers and steamboats ploughing every sea, lake, and river, is it to be supposed that all this could have taken place without changing the *habits*, and with them the physical—aye, even moral—constitution of mankind? And yet, instead of inquiring into the changes wrought by *these* mighty influences that have been at work incessantly, we hear men talk about the obscure meteorological and terrestrial influences “changing the type of disease,” and of the change in medical “theory and fashion.”

Is it probable that the introduction of steam into the mechanical arts, with a hundred thousand pyramidal chimneys towering up, smoking and puffing, the monuments of a new form of civilization, and with its six and ten-story factories, dusty, ill-ventilated, with sixteen hours' labor—stationary labor, out of the reach of fresh air—is it probable that these influences, directly acting upon the habits—social, industrial, physical, moral—of man, have been at work, without leaving a trace in his physical constitution as regards the liability to disease and the power to withstand it?

Is it to be supposed that the prevailing and increasing tendency of men to live together in large communities (witness the last census reports), has done nothing to change—not the type of diseases, nor the therapeutical *fashions*, but—the physical constitution of man as regards its capacity for and power to combat disease?

The fast life which our present generation lives, in consequence of the great social and commercial revolutions which have taken place, has rendered men more liable to become attacked by diseases of debility.

Space does not permit us, to-day, to enter upon the subject more in detail. We shall, however, refer to it again.”

ART. III.—*Congestive Chill*. By Dr. M. F. MOORMAN.

In the incipient stage of congestive chill, the patient feels dull and stupid; his intellect is more or less confused; and if he takes exercise, such as walking up two or three flights of stairs, he becomes short of breath; has palpitation of the heart, vertigo, etc.; in short, general debility pervades the entire system, both mental and physical. He has no desire for food; yawns and stretches; pulse generally feeble; this, however, is not always the case; occasionally he has a sensation along the spine, as though a stream of cold water was poured along that region. As the disease progresses, the symptoms of congestion increase, and become more and more developed. His nose and extremities feel cold, yet it does not amount to a positive chill, as in intermitting fever. This stage may continue for a few days only, or it may be as many weeks before the stage of congestion reaches its maximum, or before the congestive chill is fully developed.

I have passed through all the horrors of three congestive chills. This is a circumstance of rare occurrence, for some die in the first, more in the second, and but few survive the third chill. I do not know that I can find language to express the feelings of a person in congestive chill. All those who, like myself, have had experience in their own cases, know its distress better than they can describe it to others.

In congestive chill, the patient has the appearance of a person dying; his countenance has a wild, anxious expression, and a cadaverous appearance; his breathing is performed with difficulty, and at intervals of unusually long duration he draws a long breath, and then exhales it with a kind of groan, which expresses great debility and distress. He feels as though he had forgotten how to breathe, and when respiration is performed, it appears to him as though it did little or no good. Pulse generally feeble and intermitting, sometimes a mere flutter, at other times not discernable at the wrist; again, it may beat one hundred and forty times or more per minute; head usually hot, but this is not always the case; the extremities are cold; the skin is generally dry and constricted; sometimes the face, breast, and hands will be covered with a cold,

clammy perspiration; there is great heat in the epigastrium; excessive thirst, and a feeling of constriction or oppression of the breast, as though a heavy weight was pressing upon the breast, and a dead, benumbed feeling pervades the entire system. Sometimes the stomach is in an irritable condition, and the patient will vomit bilious matter; at other times he will vomit and purge blood. To some extent, this vomiting and purging of blood will relieve the difficulty of breathing; and it lessens the amount of heat; but if the congestion is not relieved by appropriate remedies, and that, too, in a very short time, the patient will sink into the arms of death.

Cause.—The cause of this malady is to be sought in that deleterious agent called *malaria*, of which we know but little. The portal circulation is obstructed, and there is a recession of the blood from the extremities upon the internal organs; hence congestion follows as a necessary result.

With this passing remark upon the cause, I proceed to the most important part of the subject.

Treatment.—As the recession of blood from the extremities upon the internal organs, is the immediate cause of the congestion, and as there is always more or less debility, it will be proper in the first place to administer remedies calculated to overcome these difficulties. A relaxant, antispasmodic, and stimulant combined, is calculated to fulfill this indication. In the second place, it will be necessary to use means to prevent a recurrence of a like attack; or in other words, to give medicines that are calculated to change the morbid condition of the system on which the congestion depends, and bring about a healthy action of the same. An antiperiodic and alterative combined, is admirably calculated to fulfill the last, but not the least indication of cure.

I will now give a course of treatment, which, in my hands, has thus far proved successful in every case. I do not wish to be understood to say that this course is infallible, and that no one will ever die who is subjected to it. I only wish to call the attention of the profession to it, because it has proved to be more successful than any other with which I am acquainted.

When called to a patient laboring under congestive chill, my object is to arrest it as soon as possible. To do this, I

order the patient to be placed in a warm bath, which may be prepared in a few minutes, by heating water, and then pouring it into a vessel convenient for the purpose, such as a large washing-tub. While these preparations are being made, I administer a teaspoonful of the Compound Tincture of Lobelia Inflata, in two tablespoonfuls of warm water, sweetened; and repeat the dose every ten, fifteen, or twenty minutes, according to its effect, and the urgency of the case. This medicine will fulfill the first indication, it being antispasmodic, relaxant, and stimulant. As soon as the water is ready, place the patient into it, which should be as warm as he can bear; then, by an assistant, the entire surface should be rubbed, using the bare hand for this purpose. Spirits, well saturated with Capsicum, may be used in this rubbing operation to a very good advantage sometimes. If the stomach should be very irritable, and there should be frequent vomiting, it will be proper to omit the Compound Tincture of Lobelia Inflata, and give a half teaspoonful of Antispasmodic Tincture in a tablespoonful of the Compound Syrup of Rhubarb and Potassa. This course will seldom, if ever, fail to relieve the congestion. It has a tendency to promote perspiration, thereby equalizing the circulation.

The patient will not remain in the bath very long before he will begin to feel its genial warmth; the blood will begin to circulate in the extremities; his breathing is more natural, and he will express himself to be better. The patient should now be removed from the bath, and placed in bed. The length of time for remaining in the bath depends very much upon circumstances; this should be left to the judgment of the attending physician. After removing the patient from the bath, the entire surface should be rubbed perfectly dry, using a flannel cloth for that purpose.

The next in course will be to use means calculated to prevent a recurrence of the chill, and restore the system to a normal condition. If the bowels are constipated, give a dose of the Compound Powder of Jalap, and then administer the following medicine:—

Podophyllin, 3 ss.

Leptandrin, 3 j.

Neutralizing Powder, 3 iij.

Refined Sugar, 3 iij.

Triturate thoroughly in a mortar, and add two drachms Essence Peppermint. Triturate, and bottle for use. This is an excellent Alterative physic.

Of this powder, take two drachms; Quinine, two drachms; triturate, and divide into ten doses. Give one every two hours.

If the above treatment is adhered to strictly, the physician, on his return, will find his patient improving rapidly, and passing the time expected for a return of the chill, with little or no symptoms of its occurrence. Notwithstanding the patient should pass the time without a chill, the Quinine and Alterative powder should be continued for several days, but in less doses; either lengthen the time between the doses, or diminish the size of them. In this, the physician should exercise his judgment, and act accordingly.

The physician will be called occasionally to see a patient who is vomiting and purging blood to an alarming extent. In this case, the treatment will differ somewhat from the former; the bathing may be conducted in the same manner, but instead of giving the Compound Tincture of Lobelia Inflata, take four ounces of the Compound Syrup, Rhubarb and Potassa, and add one teaspoonful Essence Cinnamon, one teaspoonful Essence Cloves; warm it a little, and give a teaspoonful every ten, fifteen, or twenty minutes, until the vomiting is arrested, which, in all ordinary cases, will be in the course of an hour or two. As soon as the vomiting ceases, commence with the Quinine and Alterative, as directed heretofore.

This Cordial treatment appears very simple, yet it is no less simple than efficient in promptly arresting the vomiting and purging of blood, which would inevitably result in death in a very short time.

In addition to the foregoing treatment, it is necessary sometimes to apply a sinapism to the stomach, and also to the wrists, ankles, and along the whole course of the spine.'

The doses recommended are of medium size for adults, and should be varied according to circumstances. In some cases, it will be necessary to increase the dose, and in others, it may be lessened. The intelligent physician will always exercise his judgment in this matter.

I will now make a remark upon the nomenclature of this disease, and then close.

In consequence of the extreme debility attending this disease, it has been called "sinking chill;" but it must be remembered that the sinking is the result of congestion; therefore, it is a symptom which serves as an index to the cause. The name of a disease should be in harmony with the cause, as much as possible; therefore, as congestion is the cause of the sinking, I consider it to be the most appropriate name.

Beware of Tincture Gelseminum in this disease!

PART SECOND.

SELECTIONS.

Relief of Certain Forms of Aphonia by Anæsthetic Vapors.

By FREDERICK D. LENTE, M.D., of Cold Spring, N. Y.

The recent occurrence of a case of this kind, of which the following is a brief abstract, induces me to give publicity to one very similar to it, which occurred in my practice a few months ago.

T. B., æt. 19, a carman, living in London, was attacked in the early part of 1860, with hoarseness, enlargement of the sub-maxillary glands, and sore-throat. In March, he applied at one of the Dispensaries for relief, and was treated, but without much benefit. He then applied, in turn, at several other hospitals, including St. Bartholomew's; having, in the meantime, entirely lost his voice.

In December, he applied to the district medical officer, who, on examining the throat, found the left tonsil slightly inflamed, but no other appearance of disease, and could detect no syphilitic taint or history. He, however, noticed considerable rigidity of the muscles of the jaw, and thought it advisable to try the inhalation of chloroform. "He was accordingly

placed under its influence, and its effect was truly magical, as he called out for his mother quite distinctly. He went home, and agreeably surprised his friends by speaking to them the first time in *eight months*, articulating every syllable." A week afterward, his voice had not left him.

The following is a brief history of my own case:—

Miss M. W., an unmarried female, about 40 years of age, has been for the most part bed-ridden for the last ten or twelve years, apparently from the effects of a violent and protracted attack of dysentery, for which she was treated by another physician. During all this time, she has also been more or less troubled with a reducible femoral hernia. She has never been at all hysterical, or even nervous, in the usual acceptance of the term. Some time in the early part of 1860, she lost her voice, so that she could not articulate above a whisper. This was a source of great annoyance to her, as she is very fond of conversation. She was, of course, very solicitous to have something done for her relief; but, as I could discern no lesion whatever about the fauces or larynx, and could assign no possible cause for the *aphonia*, I was at a loss what course of treatment to pursue, and so did nothing, comforting her with the hope that she might one day regain her voice as suddenly as she had lost it.

In December, 1860, her hernia came down, could not be reduced, and became strangulated, resisting all the attempts of Dr. Richerson, who was first called, and of myself subsequently, to reduce it. In our attempts, we used the inhalation of sulphuric ether twice each time; the patient, on her recovery, expressing her belief that she articulated with less effort, although she still spoke in whispers. Finally, a resort to the knife became necessary, and she was again brought fully under the influence of the anæsthetic. The operation was protracted from several causes, and she was under the full influence of the ether for nearly two hours. As soon as she had fully recovered from the effects of the anæsthetics, she exclaimed, apparently with the greatest delight, and in quite an audible voice,—"Doctor, I can speak," and she has been "speaking" fluently ever since, now nearly three months.

I always had a suspicion that *hysteria* was at the bottom of this case of *aphonia*; and Dr. Richards, the reporter of the

London case, asks—"May it not be reasonable to conclude that this case was one of mere hysteria?"

It is possible that many chronic forms of throat difficulty, whether attended or not by aphonia, might be benefited, when all other means fail, as they are so apt to do, by the stimulating, anæsthetic, or antispasmodic effects of ether or chloroform, which treatment, the perusal of these cases may induce others to try.

American Medical Times.

Veratrum Viride in Pneumonia. By SAMUEL PETERS, M.D.,
Crescent, Saratoga County, N. Y.

It is well understood in the profession, that a few of its members repose great confidence in the use of veratrum viride in pneumonia. I wish to record my humble name among this few. Having been for several years a careful observer of its powers in this disease, I deem it due to the profession that I make known the result. This is done with the greatest pleasure, from not having met with that accumulation of favorable testimony in the journals, which I expected. Moreover, Prof. Wood says, in his *Therapeutics*, vol. ii., page 155 (and no one will dare to question such authority hastily), that "it should not be employed to the exclusion of the lancet;" also, that "when the state of the system does not admit of depletion, it may sometimes, I have no doubt, be employed with advantage;" and again, that "it has been much employed, especially in the South, where pneumonia often assumes a form which does not well bear depletion."

Now, as my observations have led me to a conclusion somewhat differing from what is taught in the above quotations, the propriety of this simple statement will be admitted. I shall not attempt a discussion of the question of depletion, which has been fairly met by some of the distinguished leaders in the profession, and ably and fearlessly discussed. I will here endorse the language of Prof. Flint, that "I do believe, that in the great majority of cases, even when the disease is observed from its commencement, blood-letting is not called for."

My first experience in the use of veratrum occurred in April, 1855. I selected a case, the subject of which was a man about twenty-eight years old, of spare form and thin chest, whose mother had previously died of phthisis. His right lung was extensively inflamed, and I believe that under the ordinary treatment he would not have survived. He made a perfect recovery; not, however, without encountering great danger. Soon after this, it was made use of in other cases, and since that time I have scarcely passed a day without having it in my possession. The number of cases I have treated with it, can not be given. It is, however, not small, and although I have *depended* on it in every one, except infants of a few months, not one has proved fatal. This success may, perhaps, be partially attributed to the fact that there have happened in connection with the cases, no serious complications. Children and adults of various ages, from two to eighty years, and of almost every grade of constitution, have been subjected to its action, and the result has been perfect recovery, so far as I am aware, in every instance.

Although I will not assume the responsibility to condemn remedies, nor would I wish even to weaken unduly any confidence reposed in them, yet in a general practice in pneumonia, I have not employed venesection, antimony and calomel (except in one case, which will be shortly noticed), because they did not seem to be called for by any peculiarity which would imperatively demand their use; and moreover, the convalescence after the veratrum treatment appeared to be more rapid and favorable. The case excepted, was one of extreme congestion of nearly the entire both lungs, in the person of a full-chested, thick-necked, muscular man, about thirty-eight years of age, in whom suffocation strongly threatened. In such a case, venesection boldly carried out, offers, I think, the only chance for aiding this vital organ in carrying on a degree of aeration of blood sufficient to sustain life, till the action of other appropriate remedies can be secured. In the language of Dr. Markham, London Lancet, 1858, vol. i., page 206, "it is practiced here, not so much to reduce the inflammatory process, as to set free the action of a vital organ." With such exceptions, the early stage, the bounding pulse, the painful respiration, and the young strong subject, will not, as they

have not done hitherto, tempt me to resort to the lancet. Laxatives, opium at night, demulcents, occasionally a blister and animal broths after the veratrum has established its full influence on the circulation, comprehend about the only agencies employed.

The usual duration of the disease, from its commencement of treatment to the establishment of convalescence, was six or seven days. In a few cases, this period was much shortened, convalescence being fairly established in two or three days. In this, I can not be mistaken, as they presented the usual subjective and physical symptoms.

The plan of Dr. Norwood was to commence with seven or eight drops, and repeat every three hours, increasing one drop at each dose, till emesis occurred, or the pulse was diminished in frequency; then reduce the last dose one half. This course I found produced powerful action, and generally caused such a degree of alarm, that the attending physician was hastily summoned, even after an explanation had been previously given of the harmlessness of the symptom; when the appropriate remedies were resorted to. The great obstacle to its general use was obviated by smaller doses in the commencement, and a more gradual increase. The better way is to order about four drops every three hours, and increase one drop every fourth dose, till vomiting ensues, or the pulse becomes reduced in frequency or free perspiration is induced; in either case, to diminish the dose slightly. Administered in this way, I have never observed any of its alarming effects, although I have persevered with it for days together uninterruptedly.

Compared with digitalis, in reference to its convenience in meeting the demands of the country physician, for agents that can be managed by ordinary attendants, veratrum, as a nervous sedative, is far superior, both in respect to its safety and to the certainty of its action. I believe, however, that it possesses little value, unless its controlling action upon the circulation be secured and steadily maintained; and that this maintenance can only be effected by the frequent repetition of the dose. In this respect, it is entirely unlike digitalis, which generally continues in action for several days. In old persons, with enfeebled constitutions, I have been particularly gratified

with its favorable action. To observe it softening and cooling the surface, bathing it in free perspiration, removing gradually the anxious expression of countenance, promoting free and easy expectoration, and all with a certainty of action that can be realized of few other remedies, is surely enough to demand the confidence of every observer. *Ibid.*

Professional Carelessness.

Having been recently obliged to search, for a specific object, through a druggist's file of prescriptions, we were repaid for the loss of a couple of hours, by the entertainment and amusement it afforded, and received more than an equivalent for the dusty labor by an appreciation of the moral which was necessarily deduced.

The most remarkable feature of the recipes was the chirography, a considerable portion of which was so execrable as to be illegible. This may have been partly owing to our own deficiency, having never had any instruction in deciphering hieroglyphics, and no more trying experience in cachigraphy than spelling out the manuscript, which is the wearying fate of a medical editor. Having, in this occupation, wearied our eyes, and burned much "midnight oil," we supposed ourself an expert in comprehending doctors' writing; but in attempting to read many of these specimens, our classic lore was in vain put to its fullest stretch, and our knowledge of cryptography, and shrewdness at guessing, did not avail.

The pharmacist, from practice at this kind of guessing, seemed quite expert, and occasionally, for our edification, read an old formula. Here were evidences of the peculiar therapeutic inclinations of the great variety of practitioners. The heroic with his potentials, the expectant with his infinitesimals, and the blunderer with his incompatibles. One was a prescription for pills weighing each half a pound, but concerning which we were relieved by being informed that they were prescribed by a veterinarian. Another was incomprehensible, excepting the directions for using, which read laconically thus:—"cosh. t. d.," and which, with the eye of faith, we saw meant

teaspoonful three times a day. Such old terms as, *Pil. Cerul. Tinct. Thebaicæ, Pulv. Jacobi, Calomelanos, Liq. Saturni*, etc., were common. Whilst the greater number were in penciling, some were indited with anæmic looking ink, which, from its pallor, evidently stood in need of additional doses of iron.

The paper used for writing these prescriptions on, varied as greatly as the chirography. Some were on spotless sheets, of firm texture, while others were flimsy, foul, and ragged, and seemed to have to undergone fatty degeneration. Scraps of all kinds had been impressed on emergencies, as the blank sides of old manuscripts, pages from culinary receipt books, and fly-leaves apparently from well-thumbed prayer books, or suggestive of a similar sacrilegious resort to the family Bible. Almost any scrap on which pen or pencil could make its mark, seemed to have been thought good enough to write down a therapeutic verdict, the result, perhaps, of long-studied diagnosis, or learned consultation.

We have often heard, and occasionally seen, evidence of the extreme slovenliness of some "country doctors," in the manner in which they keep their pharmaceutical arrangements, but do not think such habits are any more discreditable than the frequent civic custom of slovenly prescription writing.

However, the same logic applies to the former class. We have seen one who carried his entire *materia medica* loosely in the inguinal pouches of his breeches, and the caudal pockets of his coat, with the exception of a high and dry repository for plasters in his hat. Another ruralist, in active practice, acknowledged that his entire surgical armament is a bistoury, which, like the Hudibrastic weapon, answers alike the purposes of vaccination, amputation, or dissection, and our attention was drawn to its post-prandial use as a tooth-pick.

We have seen the dispensing establishment of one of the same style of practitioners, with its beggarly array of empty boxes, and over-filled bundles of musty herbs and worm-eaten seeds. Stale ointments and wheel-grease lie in congenial proximity, and the walls are adorned with a mildewed diploma, and cobwebbed fragments of old harness. Some bones and clay pipes, and a rat-eaten anatomical preparation, are presided over by the inevitable office student. The latter fixture wears the same classic hue of dust as all the rest, and, as Dr.

Drake says of such a character, however idle, he will be always absorbing a little medicine; especially if he sleeps beneath the greasy counter.

Slovenliness in prescribing or dispensing, whether urban or rustic, evinces the same want of professional spirit. A clean sheet of paper can, in the city, always be obtained, and a few additional seconds spent in writing, and in avoiding extreme abbreviation of terms, will render the manuscript more legible to the pharmacist, and may avoid error in dispensing. In the country, such apartments as that portrayed in the above picture, are, it is believed, becoming rare since the spread of medical organization and general intelligence, yet there is still a tendency that way, and what we have pictured is but an exaggeration of the fault of most such establishments.

Phila. Medical and Surgical Reporter.

Chlorate of Potash in the Treatment of Phthisis, Scrofula, and Other Diseases.

Dr. E. J. Fountain, of Iowa, reports in the American Medical Monthly, several cases treated by the chlorate of potash in corroboration of his belief that the unpleasant effects which some have observed to follow its administration, are due, in a great measure, to the impurity of the drug employed, and in some degree to an injudicious method of administering it. Since he has commenced using the French preparation of absolute purity, he has not known a single instance where it has produced either diarrhea or loss of appetite. A brief abstract of his cases will illustrate the difference in effects of this and that ordinarily sold by druggists.

CASE 1.—Physical signs plainly indicated tubercles in both lungs, with cavities in the left. Prescribed chlorate of potash in drachm doses, three times daily, when increase of appetite, diminution of expectoration, relief of oppression and dyspnoea, and general improvement followed. If the treatment was suspended for a few days, the unpleasant symptoms were aggravated, but soon subsided on resuming the medicine. The treatment was continued for over two months, "at no time

producing either diarrhea, nausea, or a sense of loathing.' At length the patient was so much improved as to venture upon a long walk, which so overtasked her strength that she never entirely recovered from the extreme prostration which followed. Soon after this, the chlorate began to disagree with her, when it was found that the last package she obtained was inferior to that previously employed. The druggist being out of the French preparation, had obtained a supply from a neighbor, which proved to be impure, having a nauseous taste, offending the stomach, and did no good. The following was his method of prescribing: — Potass. chlorat. pulv. 3 vj. ft. ch. No. xvj., one powder to be taken each day in three doses, each extemporaneously dissolved in a sufficient quantity of hot water; the first dose in the morning to be taken after breakfast.

CASE 2.—Phthisis.—Ordered 3 ij. of saturated solution (one drachm of the chlorate) three times a day, after meals; rapid improvement followed; with corresponding change in the physical signs; medicine tolerated for several weeks, increasing the appetite and powers of digestion.

CASE 5.—Chronic eczematous eruption, for which was prescribed a wine-glassful of the saturated solution, morning and evening. A few weeks afterward, the patient stated that he felt greatly relieved of a pulmonary difficulty which had been gradually increasing upon him for years, which, however, he had not mentioned when he first came under treatment; and having no previous knowledge of the properties of the chlorate, there was no room for deception.

CASE 6.—A girl aged 12, with foetid discharge from the ear, since the age of 11 months. Iron, iodine, cod-liver oil, iod. of potassium, had been prescribed at different periods without any material benefit. After taking three tablespoonfuls of the saturated solution, morning and evening for about two weeks, the discharge entirely disappeared.

CASES 7, 8, 9, 10, and 11, were generally of a strumous character, and improved under the same treatment, the medi-

cine not offending the stomach, but, on the contrary, improving the appetite and digestion.

CASE 12. — Carbuncles. — Prescribed half an ounce of the chlorate daily, and in a few days was informed that it tasted repulsive, produced diarrhea and nausea. Upon examination, this was found to be impure, and another package ordered from a place where none but the French chlorate is kept. This was not nauseous, produced no diarrhea, and at the time of writing the patient was recovering on its use. Case 12 is a complete recovery of a bad case of morbus coxarius in a little girl of six years. A tablespoonful of the sat. sol. was given three times a day until the cure was effected.

Dr. F. concludes his paper by insisting upon the necessity of obtaining a pure article, and not unjustly condemning it, because there is much that is impure in the market. He does not pretend to say that none but the French chlorate is perfectly pure, but he knows of no other that he can depend upon. "It is in small scales and flakes, of brilliant appearance and pearly whiteness." In using it, he makes a saturated solution in hot water, which cooling, some of the salt is precipitated, leaving in solution about one ounce to the pint, or one drachm to two ounces, which he prescribes in appropriate doses without further dilution.—*Amer. Med. Times.*

Intellectual Education.

All persons of the least reflection, must conclude that the education of the intellectual faculties should be in the precise order and nature of the faculties themselves.

It has been concluded, and we think very justly, that the intellectual training a child spontaneously receives during the first seven years of life, is of more value to future life, than all that is received through schools, academies and colleges. The value of this early and spontaneous training, does not, except in part, consist of the knowledge acquired, but mostly, we think, in the ability the perceptive faculties acquire of acting with facility and ease.

Indeed, but for the spontaneous culture of the intellectual faculties during the first few years of life, the time expended in schools subsequently, would be so much wasted time; because it is mostly expended in the acquisition of names or the signs of ideas, and consequently their acquisition is of no value, until the ideas they represent shall have been acquired; because names are of no use, except as the vehicles of our ideas in communicating them to others.

It is an old adage, that self-made people are the best made; if, then, the means by which people are self-made be carefully investigated, is it not possible, indeed probable, that much assistance might be rendered to youth, to assist them in making themselves? We entertain very strongly the affirmative.

And now to the question—How are people self-made? We answer, self-made people have generally been the children of such progenitors as were unable to provide for their children the disadvantages of scholastic institutions; hence they had the advantages of an unrestrained exercise of their muscles, and also of their perceptive faculties. By the former, they acquired sound and vigorous bodies, and by the latter, they endowed those bodies with practically efficient minds. By this exercise, they acquired strength for their perceptive faculties, with an ability to obtain correct ideas from all the impressions made upon their senses, and thus they become superiorly expert in all the relations of practical life. By social intercourse and a little log-cabin literature, they acquire such a store of the signs of ideas as may be requisite to enable them to communicate their ideas and impressions to others.

By this educational process, all the intellectual faculties have acquired the ability to act with facility and ability in all possible emergencies. What is wanting? Simply that burnish or tinsel which scholastic advantages confer.

Now suppose the self-made, and the scholastically-made gentlemen, to become competitors in any enterprise of high importance, and it requires no prophet to inform us as to which will have the success.

What made the mill-boy Henry Clay, the most gifted orator, in our opinion, the human race has produced? A high order of mental organization by nature, a short log-cabin education

in the signs of the most simple ideas, and an unrestrained freedom of muscle and mind in the slashes of his native Virginia. But we have no doubt that the mill-boy could have been greatly aided in the labor of making himself, by a teacher who could have taught him how to observe, and by introducing to his senses proper objects for observation with appropriate explanations, and as soon as he acquired an idea, to have given him the name.

If our school teachers were acquainted practically with natural history, and would take their pupils into the woods, meadows and river margins, and set them to hunting for all varieties of natural objects, and when anything was found, as a flower, an insect, a shell, or a fossil, call them around him and allow them all to see it, and indicate to them its distinguishing peculiarities, and finally present them with its name. If this were the course of our juvenile instruction, we would, when the present generation passed away, cease to meet with men and women who could see and hear but perceive not—for an incapacity of perception is the great deficiency in the intellect of our age. We have many learned men and women, fine logicians, but it is rarely that we meet with either arguments or conclusions in which the premises are sound; and for this reason, much of our philosophy is but worthless speculation, or mere sophistry.

With a view of making our children useful and efficient members of society, we would much prefer to give them an unrestrained liberty of mind and body to the age of ten years, or even longer if deemed requisite, to secure health and a proper development, than to enter them in school—that is, such schools as we have—at the age of four or five years, and keep them there till said to be educated. For if, at the age of ten years, they have sound bodies and intellects disciplined by a free intercourse with the external world, a year or two of scholastic advantages will render them all that can reasonably be hoped of them.

Human happiness is much more dependent on a respectable degree of perceptive intellect, than is generally suspected. The mind that is capable of an able perception of all that surrounds it, is never gloomy. We have the crania of many suicides, and we have seen many more, but we have not known a sui-

cide to have had more than a feeble perceptive ability. We conceive that the incalculable variety of surrounding nature was intended, at least in a great part, for the development of the perceptive intellect of the animal world, and we regard it as a crime to deprive a child of the privilege of the advantages of the external world, by confining it in an A B C school-house.

The truth is, there is prevailing in society no proper conception of the educational process. It is supposed to consist in the amount of information required; when, in truth, it should consist in such a training of the mental faculties as will capacitate them for a ready and useful action in future life.

Suppose a Miss to be taught all that can be taught of the science of music, from books, so that she becomes absolutely learned in the science. Now, suppose her to be required to execute a piece on the piano, can she do it? No! Why not? Because she knows nothing about it—she has learning, but no knowledge. What, then, is the value of learning? It is simply this: it can guide her to the acquisition of knowledge. A child may receive at school all the learning of the world, and yet, when called upon the theater of practical life, he will find himself just as incapable of useful action as the Miss was when she was first attempted to perform on the piano. Finally, the education of children should commence with things, their relations and conditions, and when they shall have thus been enabled to acquire ideas, then their nominative faculties may be brought into requisition to acquire the signs of ideas. This is the natural order of the human faculties, and hence the proper order.

Powell's Journal of Human Science.

Bromide of Iodine as a Topical Application in Diphtheria.

(To the Editor of the American Monthly Times.)

SIR:—In the treatment of diphtheria, I believe all sound practitioners are agreed that it is of prime importance to do everything calculated to nourish and sustain the patient, whilst administering such medicines as tend to correct the spanæmia,

so frequently if not universally recognised as one of its most striking features.

In common with many others, I have relied mainly on the tincture of sesquichloride of iron, for internal administration. Nor has my experience failed to convince me of its excellence. It has the superiority over the chlorate of potash, in not disagreeing with the stomach, when properly diluted, and of not producing the exhausting diarrhea which I have known, occasionally, to follow the use of the salt.

My object in addressing you this note is not to speak of the general medication in diphtheria, so much as to call attention to the fact that, in five cases, I have found great benefit from a topical application of which I have seen no published recommendation.

In the winter of 1859-60, a student of the University Medical College suffered from an exceedingly severe attack of the disease. There were all the well marked constitutional symptoms, with swelling of the lateral cervical glands, and abundant patches of exudation on the tonsils, uvula, roof of the mouth, and posterior pharyngeal wall. This gentleman was a son of Doctor Webb, of Hempstead, Long Island. As a probably fatal prognosis had been made in the case, the young man's father had come to New York, bringing with him a vial containing a mixture of *Bromide of Iodine*, in mucilage or syrup of gum arabic—two drops of the former to a fluid-ounce of the vehicle. This, he said he had heard, was a good antiseptic, and might prove useful in his son's case, as there was the usual foetid character of the breath. Drachm doses of the medicine were taken internally, at intervals of several hours; and with a camel's hair pencil, it was applied frequently to the patches of exudation.

It certainly acted as a disinfectant; but it was followed by a remarkable change in the appearance of the membranes. Within twenty-four hours, they had, apparently, broken down—disappearing in spots, entirely, and leaving the mucous membrane red and smooth, where the white exudation had formerly existed. Within the next eighteen hours, the fauces and palate were entirely freed from all peculiar matter.*

* The patient subsequently recovered.

The next case in which I used it, occurred in a lad of thirteen, who had, two years previously, suffered severely from scarlet fever. The diphtherial exudation was extensive, the constitutional symptoms very grave, and the angina of the most marked type.

To test the remedy in question, I applied it to the left tonsil, which was hypertrophied very considerably, and completely covered with an exudation, having very much the appearance of white chamois skin, soaked in water. In twelve hours, the edges commenced to loosen, and in twelve hours more, the whole mass was coughed out, leaving a very red and bleeding surface under its former place. This patch measured a line and a half in thickness, and was an inch in length by three quarters of an inch in breadth. Exudation had commenced to form on the uvula, when the application was made to the tonsil. It soon ceased to spread, and was but ephemeral.

In the last case under my care, a girl of thirteen, whom I had attended seven years ago with well marked scarlatina, the exudation involved the tonsils and spread to the uvula after the fourth day. The Bromide of Iodine at once checked the fœtor of breath, and in twenty-four hours caused a complete disappearance of membrane both from the tonsils and uvula.

I spare the details of two other cases, as they were not of such character as to make a different description necessary.

I submit these facts to the profession, well knowing with what diffidence we should look upon new "discoveries" in the remedial world, and hoping that the true value of Doctor Webb's suggestion may be ascertained in the only proper manner, i. e., by the result of many observations. I should have waited for more than five cases, before presuming to address you; but, as my practice does not furnish me with the great number of patients that some of my medical brethren have encountered, I indulge the hope that their more extended field of observation may enable them to do what I have suggested above.

The topical application that I have employed has consisted of four or five drops of the Bromide, to the fluid ounce of Gum Syrup, well applied to the diphtherial patches, every two hours. There is nothing unpleasant to the taste or small in the tincture

thus prepared, notwithstanding the very disagreeable nature, in both these respects, of the pure liquid. It is well to continue its use, less frequently, until the mucous membrane shall have resumed its normal appearance.

Jan. 21, 1861.

JOHN T. METCALFE, M.D.

PART THIRD.

CLINICAL REPORTS.

Newton's Clinical Institute. — Winter Session of 1860-'61. — Services of Prof. R. S. NEWTON.

GENTLEMEN: — I now present you a case of scrofula, in this boy, MICHAEL GILLARD, aged 14. He states that his general health has been good until the last three months, when the glands about the neck became diseased. They appear enlarged as far as you can press the finger down. The anterior and posterior cervical glands seem affected alike; you observe there is redness. His father says there is no discharge from them; the boy has no headache, and his health has appeared good until the present difficulty commenced; he says none of his other children are affected.

I will call your attention, this afternoon, to the subject of scrofula.

In most of our works on pathology, you will find that scrofula is laid down as an hereditary disease. You will remember the remarks I made upon this subject, some few days since. I stated, that if the organization was not perfect, or there was not vitality enough in it, under proper circumstances, a child might take some form of habit which might result as scrofula, consumption, or cancer. That they are diseases entirely hereditary, I do not believe. I explained that before. I will illustrate it in this way. A question is asked—is presented to you, perhaps, as a question of medical jurisprudence—a woman miscarries, and it is ascertained, after the birth of the

child, that it has all the symptoms of syphilis, the product of hereditary taint. Now the question arises at once, if it is true or not? I have seen a case of the kind brought up in our Court. If we admit that syphilis may be entailed, what ought we to admit in the other diseases? There is no doubt that the system may become so poisoned with the syphilitic virus, that the progeny may partake more or less of it, and the question may be asked, is there a direct entailment of the disease itself, or an imperfect organization which results in the development of disease? Scrofula is a disease which may be produced idiosyncratically. There are certain differences and conditions of human organization, where there is little vitality—where the development of the cerebellum is imperfect—where all the vital forces are weakened. The result is, if the child be of the same imperfect formation and development, then, under these circumstances, you will have scrofula as the result. If the laws of health are violated, keeping the child weak and feeble, and not paying attention to proper diet, air, and exercise, you may expect the same results. You will find a want of appetite; the child will become restless, feeble, having no desire to take exercise, no desire to eat, and, as I illustrated it to you before in the case of the potatoe—if you keep it from the sun and air, and cramp it by pressing the earth around it, it will become weak, pale, and unfit for food.

Now, what do you find? Take this case before you. The father says his other children had nothing of this kind; but I think this is a mistake, as I treated one other of his children, which also had scrofula. And why? Because they live poor; their diet is poor; they are dirty in their habits, and in their condition, from day to day; they are exposed to the inclemency of the weather, with poor nourishment, and but little to eat. And the result is what? Why, just as we see here—scrofula. It does not originate with either father or mother, because they never had scrofula. You will always find it in nine-tenths of the cases presented here.

How does it act? What is scrofula? It is an admitted fact, gentlemen, claimed by pathologists, that there is a weak and imperfect condition of the blood, in cases of scrofula. You find it deficient in fibrin, and there is a weak condition of the nervous system, resulting in fever and a low, absorbent action.

The effete matter which ought to be thrown out of the system, is retained; the liver becomes torpid; the blood does not circulate as it should; the urine is generally scanty; the excretions of the bowels are white; there is either diarrhea or constipation of the bowels. You find that the tongue of the patient is white; that there is a little redness. The lips are the same way. In most of the cases the eyes are blue, and generally the hair is light and wiry. This is the form you meet most frequently. You find that when suppuration takes place, you have not a healthy, cream-like pus, but a sanious discharge, a mixture of blood and pus. You have to use caustics, such as Sulphate of Zinc, Iron, or Potash, for the purpose of inducing a healthy action. That is the local treatment. For constitutional treatment, use everything that will nourish and support the system. All local applications in the treatment of scrofula, amount to little or nothing. In these cases, you can not promise a great deal from your treatment, because the system is developed; and after a certain period of life there is no change taking place, sufficient to throw off this disease. It is only when you can change the improper action of the secretory and excretory and absorbent systems, and bring them into healthy action, that you can cure your patient.

I would, then, suggest a vigorous diet, and recommend active exercise—if the patient could bear it—in the open air. He should never be kept in close rooms, or in rooms not sufficiently ventilated. Bathing the body once or twice a day with salt and water, or whisky and water, or some stimulant which would increase the circulation, and your patient will soon begin to have an appetite. To this you should pay special attention in this class of diseases, and see that he has a good supply of nourishing diet. In this disease, you find generally a vitiated appetite. A child will desire candies, pies, etc. Never let them have anything of this kind.

Now, in regard to medicine. What are you going to do with medicine? You can not change the organization with it. You can do a great deal more good by the aid of exercise and pure air, and good food, than by medicine. If you use medicine, it should be of that kind which would increase the quantity as well as the quality of the blood. For this the vegetable tonics are indicated; various chalybeate preparations are

indicated. In using the chalybeate preparations, you should be exceedingly careful in cases of scrofula in children, not to push them too far. In using alteratives, such as the Iodide of Potash—which sometimes I have prescribed in these cases—you must also be careful, for they may produce great harm, if not used properly. Hydragogue cathartics must not be used, they are not necessary in these cases, as they impoverish the blood. Perhaps there is none in this country, of the class of remedies known as alteratives, used more generally than the Iodide of Potassium. You are aware that it will excite the glandular system, so as to produce ptyalism like mercury, yet it will not be followed by the sloughing of the gums, etc. Iodide of Potassa, when given in large doses, sometimes occasions pain in the head, and dimness of vision, and produces nausea, irritation of the stomach, and redness of the tongue. It dissolves more or less the globules in the blood, and dissolves the fibrinous portion; alters the condition of the circulation, and increases the serous portion of it. It is one of those remedies that will not increase the strength of the constitution under any circumstances. Then you may ask the question here, why it is used in scrofula? I will give the reason why I use it. I stated to you that the whole glandular system becomes inactive from the want of nervous supply, which it ought to receive. You may stimulate—and any kind of stimulant will increase the power of the nervous system, or the nerves of a part—but this is only temporary. This can not be continued for any length of time, or the patient becomes exhausted by over-action, and he is then worse than he was before, and the absorbents and secretions become relaxed. But you can use the Iodide of Potassium, and I think that there is no remedy, strictly speaking, that acts as well upon the glandular system. It is a powerful stimulant, and it may be called a powerful solvent; and, like Alcohol and other stimulants, you can only use it under certain circumstances. I have known cases where the patient has been kept under it for months. I shall order it for this boy:—

R.—Potass. Iodid., 3 ij.
Syrupus Stillingia, c. 3 iv.

M. Of this, let him take one teaspoonful, four times a day.

While using this salt, the patient should not use any of the acids. You will be careful in using it not to give it in combination with an acid.

The compound Syrup of *Stillingia* is a powerful stimulant. It is a stimulant and alterative, yet in time it produces irritation of bowels and diarrhea; but in proper time and doses, it exercises a beneficial alterative action over the whole glandular system.

I shall, perhaps, order the vegetable tonics in this case, and perhaps Iron, and will inform you what may be prescribed from time to time, for this class of agents are generally beneficial when they follow the Iodide of Potassium and Syrup of *Stillingia*.

There is no class of disease that has received more attention from the profession than scrofula. In the European hospitals, there has been much time spent in experiments on articles of diet in these cases. The opinion has always been, that persons of scrofulous habits should not use meats or greases. Some four years since, in an European institution for scrofula, they introduced a series of experiments to test the opposite doctrine, that persons should be fed upon grease and fats. They took two classes of patients who were similarly constituted. One they treated with Alterative treatment; the other without any medicine at all. They gave them all they could eat, and subjected them to gymnastic exercises; then gave them butter, fats, etc., as much as they could eat. At the end of twelve months, they had cured thirty per cent. over the former. Gentlemen, I have had some cases in my hands for three or four years. Just in proportion as you can increase the appetite, just so will you find the child improve. I think it is pretty good practice. In these cases, I use Glycerine a great deal. Some use Cod-Liver Oil; but Cod-Liver Oil is expensive to use in these cases, and Glycerine may be used for the same purpose, giving the child beef-steaks, etc. I do not think that pork, or fat of the hog, is good for this class of patients, although they have a great desire for it.

Then, gentlemen, your treatment in scrofula, is, first, alteratives, followed by tonics and plenty of exercise, and freedom from care or study. A scrofulous child should never be sent to school until ten or eleven years of age. I have no doubt that

many constitutions are broken up by exhausting children by forcing them to study. We often find this scrofulous habit affecting the bony structure, producing rickets or softening of the bones, for the want of sufficient vitality of the system. We find it under other circumstances, producing, in the adult, ulceration of the bones—also, the result of want of nutrition; and which I shall present to you in my next lecture, under the head of diseases of the bones. Ulceration of the bones is one of the forms most difficult to treat, which are alike more trying both to the physician and the patient than any other, and when you come to treat scrofulous patients, you will find it difficult to cure, for the reasons we have just given.

PART FOURTH.

EDITORIAL.

OUR JOURNAL.

This number completes half of the volume of the Journal for 1861. As several hundred of our subscribers are in arrears, we have concluded to make an index to the half volume, and discontinue the Journal to all such, until they pay up; and as we are anxious that even to such the Journal should not be incomplete, we have indexed the same.

Under ordinary circumstances, we have been willing to spend our time and money for the good of the cause; but now, things are changed, and *we have to do to others as they do to us.*

We have labored long and hard to make the Journal useful to our readers, and we are under many obligations to the friends who have supported the Journal from the time we first took hold of it, to the present time, and hope such may still manifest their interest in the cause of medical reform.

ARMY EXAMINATION. BAD TEETH—BAD PRACTICE, AND BAD ARRANGEMENT OF THE MEDICAL DEPARTMENT. WHO IS TO BLAME? WHO CAN SAVE OUR YOUNG MEN?

- A few days since, we visited one of the military camps near our city, and had an opportunity of witnessing what was called an examination of the volunteers by the medical officer, in order to ascertain whether they filled the requisitions of the service, as to physical soundness and perfection.

The whole thing was to us exceedingly farcical, as we were well acquainted with the so-called Doctor-in-regimentals. While many of the men in the medical staff of Ohio are fully competent for the position they occupy, the greater portion of them are, in every respect, unfit for the important duties they have been appointed to discharge. It is a burning shame upon the system of appointment adopted, and will result in the death of thousands of young men in the army. Many of them are not capable of making a living by their profession at home, where they are known and appreciated, and are properly styled *third-rate doctors*. Some of these are placed in charge of regiments of men who, when in private life, would not consult them, even for the most trifling disease.

A few incidents struck us with much force, and may be worthy of note here.

Examination first.—"What is your name?"

Answer—"John Twistem."

"What is your age?"

Answer—"Twenty-two years."

"Let me see your teeth." (Here comes the cream of the examination.)

Mr. Twistem opens his mouth to the fullest capacity, when lo! and behold, our regimental Doctor finds no teeth.

"How is this, sir? You have lost your teeth."

"Yes, sir," answers Mr. Twistem; "a few months since, I had a mild attack of bilious fever, and Dr. ——— treated me, during which time he kept me salivated badly, and when I began to recover, I was attacked by what the doctor called scurvy, and after much dreadful suffering, my teeth all fell out."

Our regimental doctor remarked, "Sir, you can not pass, for we will not receive any man into the army who is not supplied with a good set of teeth, by which he can bite off his cartridge preparatory to loading his gun."

So Mr. Twistem was dismissed, and left the camp. Why? Because Dr. ——— had salivated him until, in the eye of the army regulations, he was *no man*.

A few days after this, whilst visiting the encampment, we accidentally saw one of the soldiers in the hospital in an awfully salivated condition; and he, too, had been under the care of the regimental doctor. We could not refrain from asking the question, if there was not much danger of soldier No. 2 soon being in a condition when he would not be "able to bite off his cartridge."

In our opinion, the doctor who will disable his fellow man, and place him in a condition where it can be said of him, you are *no man*—or, in other words, you are not physically sound, therefore can not occupy any position which his country may desire him to fill—should be dealt with, legally, as he who would maim or otherwise injure his fellow by the assassin's knife or the burglar's pistol ball.

The medical pretender has no right to run at large, or should he be allowed to practice medicine, if he is not able to remove disease from the system, without leaving the patient in a ten-fold worse condition than he found him.

Our Legislatures should pass such laws as will protect the sick from being thus maimed for life, and punish in the State prison every such offender.

A man steals sixteen dollars, and he may be sent to the penitentiary for three years. The Allopathic physicians, with their calomel, arsenic and the lancet, are killing their fellow men by thousands, and yet they are not made to suffer any penalty.

There is, morally, no difference between him who kills with the assassin's knife, and he who kills with his poisonous medicaments.

There was a time when we had reason to believe that such a practice was right, and there was a time when Saul believed he was doing God's service, when he was killing Christians.

The public, as well as the bigoted and self-inflated portion

of the Allopathic doctors, have long since been taught by common sense and by the constant and successful teaching and practice of the Eclectic Medical profession, that such practice is not only wrong, but entirely unnecessary.

We protest, in the name of humanity, against the imposition now practiced upon our volunteer soldiers in the regular service, that they should be shut up like pigs in a pen, and be by any seeming legal authority, thus slaughtered; while our volunteered soldiers, in private life, could not be induced to patronize this deadly practice, have now, because they have volunteered into the service for the war, to lose their individuality, and be forced to submit. This is wrong in every sense, and we now predict that if the present war should last twelve months, we will have to record one hundred deaths from common diseases of the country and their treatment, to one killed in battle.

Such errors in the medical department of every army should be reformed, and the men have some voice in the choice of their physicians. Until this is done, woe be to all who have the misfortune to be sick!

N.

A RADICAL CURE FOR CHILLS.

In this western country, where numberless cases of intermittents of every type occur, the question is almost daily asked the physician, "Can you *cure* the chills?" To break up a paroxysm with Quinine is an easy matter, but to prevent its return is exceedingly difficult. The following is the formula which we have found to answer our purpose the best, and which may be relied upon in a majority of cases:—

R.—Quinæ Sulph., grs. xv.

Strychniæ, grs. iss.

Capsici, grs. x.

Spt. Vini Gal., f 3.

Mix. Sig. A teaspoonful three times a day.

H.

ON THE USE OF QUININE IN PNEUMONIA.

It is the opinion of some practitioners that Quinine is not indicated in pneumonia, on account of its alleged property of increasing congestion of the pulmonary tissue. In a late article in one of the Philadelphia medical journals, we noticed that some writer took the ground that Quinine alone would produce hæmoptisis. Theoretically, we can see no reason why such an assumption should be made in regard to the action of this drug. Every one who has ever taken a dose of this medicine, is familiar with its effects upon the nervous system. The peculiar sounds produced by it,—resembling the buzzing of insects, or the rumbling of carriages over a plank road—clearly indicate that its specific effect is a centric action upon the nervous centers, whereby their normal functions are, for the time, interrupted. How this result is accomplished, we do not pretend to explain. If the position we have heretofore assumed, that the capillary circulation is controlled by the organic system of nerves, be true, it is reasonable to infer, that as the deeply-seated centers are affected by it, the sympathetic ganglia are also influenced to a greater or less extent; and hence, that some impression must be made upon the capillary circulation. Abundant testimony can be adduced to show that Quinine does exercise a decided and important control over inflammatory action. In confirmation of this position we need only state, that in fevers, there is no better *febrifuge* that we can use, than Quinine in appropriate doses, even during the period of febrile exacerbation; and not long since, we noticed in the Edinburgh Medical Journal, that one of the hospital physicians of that city had *experimented* with Quinine in large doses in certain cases of puerperal peritonitis—the most dangerous of inflammations—with the most happy results, the patients, without exception, having recovered under the use of a scruple every six hours, (with the employment of no other drug) in an incredibly short space of time. Since then, experience has proved its efficacy in various forms of inflammations, we may reasonably conclude that in inflammation of the parenchyma of the lungs it may be employed with the expectation of a beneficial result. And, indeed, actual experiment

in numberless cases, has verified this belief. In our own practice, we never omit the use of Quinine in pneumonia.

The treatment we always pursue in this disease, may be briefly detailed as follows: In the first stages, we resort to the vapor bath, hot pedeluvia, diaphoretics and diuretics—always using aconite—a good cathartic, and hot fomentations over the diseased lung. As soon as the bowels have been properly opened and diaphoresis established, we invariably put our patient upon Quinine, in doses of at least:—

R.—Quinæ Sulph., grs. iij.
Ipecacuanhæ, grs. ss.

Mix. The above to be taken every three or four hours.

We continue the above prescription, with arterial sedatives and appropriate revulsives, without any regard to whether the patient has fever or not.

Such is our treatment; and this plan has proved so successful in a section where pulmonary diseases prevail to a great extent, that we feel no disposition to seek a better. Our experience is such that we can safely recommend to all practitioners, Quinine in each and every case of pneumonia.

H.

HOSPITAL AND CLINICAL FACILITIES.

The Commercial Hospital of this city is now so organized that all medical students of the city enjoy equal privileges.

In addition to our present Clinical arrangements, the Faculty of the Eclectic Medical Institute have now organized a Dispensary upon such a plan and basis as will be of the greatest advantage to the students of the Institute.

In connection with this subject, we publish in this number a special charter for the founding of a small Hospital in this city, which we hope soon to be able to put in successful operation. We have already a considerable portion of the stock promised, and we have no doubt that when our country again assumes its wonted active business condition, there will then be no great difficulty in completing every arrangement for its ample endowment.

N.

ECLECTIC DISPENSARY OF CINCINNATI.

This institution, organized in connection with the Eclectic Medical Institute, is now in full operation, on a permanent basis. Its objects are, to furnish clinical facilities of a high order to the College—to thoroughly analyze the action of new remedies, and furnish a school of instruction in practical medicine to such students as wish to avail themselves of its privileges.

The Medical Board for the ensuing year, is composed of—
H. D. GARRISON, Attending Physician;
EDWIN FREEMAN, Attending Surgeon;
JOHN M. SCUDDER, Consulting Physician;
Z. FREEMAN, Consulting Surgeon; and
JOHN KING, Consulting Obstetrician.

This Board meets each week, on Friday, at the College building, at 2½ o'clock. The attending physician and surgeon are in attendance daily, at that hour.

We invite physicians to bring in patients for examination, or treatment, which in all cases will be gratuitous. We would also suggest that physicians forward to us new articles of our indigenous materia medica for trial, as the Dispensary will furnish facilities for thoroughly testing their value.

A limited number of students will be received during the summer vacation.

Address, Eclectic Dispensary, Box 2209, Cincinnati.

S.

ECLECTIC MEDICAL INSTITUTE.

From the number of letters already received from the profession throughout the country, we are induced to believe that the Class the coming fall and winter will be large, notwithstanding the present distracted state of the country.

N.

STILLINGIA, AGAIN.

Since we began to bring before the profession, the use of Stillingia and its compounds, we have been surprised at the amount of corroborative testimony we have received from physicians from all parts of the country.

It is not our intention to bring any one of the particular preparations into notice; but as the profession have been furnished with the formula and mode of preparation of Seovill's Compound, and having used large quantities of this with continued success, we must, in justice to the profession say, that in this they have a compound that has long been wanted by the profession for the cure of the numerous diseases arising from an impure state of the blood. We have tested this compound so thoroughly ourselves, that we have no hesitation in saying that it will accomplish all that any other medicine can for the diseases for which it is recommended. Our publication of the formula in the Journal for August, 1860, has induced physicians to send us statements of cures performed by them by the use of this medicine, while others have written to us for information respecting this compound. As our time is so much occupied, we can only refer to articles published in June last, that the profession may know not only our opinion, but that of other medical men. Were it necessary, we could fill this No. with physicians' testimonials, corroborating our opinion of this compound of Stillingia.

N.

GOOD SURGEONS AND PHYSICIANS.

There never has before, during the history of this country, been a time when a greater number of first class surgeons and physicians were in such demand. This fact should stimulate physicians to greater proficiency, and induce students to enter the profession. Now is the time for men to distinguish themselves, by being able to place upon record the results of their practice, illustrating the good they have done in not only relieving the sufferings of their fellow men, but also in saving lives.

N.

ECLECTIC MEDICAL INSTITUTE, OF CINCINNATI.

Chartered in 1845. Whole number of Matriculants, including the Winter Session of 1860, and Spring Session of 1861, 3,196.

Whole number of Graduates, including the Winter and Spring Session of 1860-'61, 982.

BOARD OF TRUSTEES.

W. F. HURLBUT, Esq., <i>Pres.</i> ,	O. E. NEWTON, M.D.,
N. HEADINGTON, Esq., <i>V. P.</i> ,	W. H. LATHROP, Esq.,
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L. E. JONES, M. D.,

PROFESSOR OF MATERIA MEDICA, THERAPEUTICS AND MEDICAL BOTANY.

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PROFESSOR OF CHEMISTRY, PHARMACY AND TOXICOLOGY.

The next Fall and Winter Session will commence on Tuesday, 15th day of October, 1861, and will continue sixteen weeks. Preliminary lectures will be delivered daily, from the 1st to the 15th October.

The fees are, \$85 per session; or by paying \$150 in advance, the student may attend as many courses as he wishes, until he graduates. Graduation fee, \$25.

All communications to be addressed to any member of the Faculty, or to R. S. NEWTON, M.D., No. 90, Seventh Street, Cincinnati, Ohio.

CATALOGUE

Of the Matriculants and Graduates of the Eclectic Medical Institute of Cincinnati, Ohio, for the Winter Session of 1860-'61, and the Spring Session of 1861.

Matriculants of the Winter Session of 1860-'61.

William E. Bradford, Ills.	John H. Mitchell, Mo.
Henry P. Bruton, Ark.	Benjamin S. Medlock, Miss.
Richard F. Bennett, Ills.	William W. Moore, Miss.
L. T. de Beaumont, La.	George W. Moore, Ohio.
Anson L. Clark, Ills.	Charles J. Monjar, Ohio.
Augustus W. Cole, Tenn.	John B. Northern, Tenn.
Edward N. Cushing, Miss.	Milton W. Nesmith, Miss.
Joshua B. Conaway, Va.	George H. Plumley, Vermont.
Henry S. Etheridge, Va.	Edwin C. Perry, Ohio.
Smith W. Esten, R. I.	James L. Proper, Pa.
Charles S. Edwards, Ark.	Seth A. Peacock, Ga.
George H. Field, Ills.	Joseph H. Ralston, Ills.
Orris K. Griffith, Ills.	Hiram M. Rulison, Ohio.
John S. Grubbs, Ky.	Henry C. Robbins, Mass.
George W. Hull, Mo.	Louis Reinach, Tenn.
Thomas M. Harman, Mo.	Christian L. Sharp, Ind.
Charles E. Howland, N. Y.	Henry L. Slauson, N. Y.
Rollin Hutchins, Ind.	Joseph G. Stine, Ohio.
William E. Jones, Ga.	Daniel Sheets, Va.
John P. Jordan, Ohio.	Nathan H. Sidwell, Ohio.
John D. Jones, Miss.	John M. Staples, Mo.
Robert C. Kibler, S. C.	William O. Stone, Ind.
Henry R. King, Ohio.	Abner Thorp, Ohio.
John Kautz, Ind.	John B. Tucker, Tenn.
David M. Kiug, Mo.	Webster W. Teague, Ind.
John B. Lewis, Ind.	John G. Vanschoiack, Ind.
Thomas J. Lord, Ind.	Alonzo E. Van Voorhis, N. Y.
Henry Long, Ind.	Ira Winegar, Mich.
Francis R. Lincoln, Ills.	Henry K. Whitford, Ills.
Thomas W. Leake, Ohio.	Randolph Wheelan, Ohio.
Richard J. McNeill, Ills.	George H. Walling, R. I.
Homer E. McKenzie, Ohio.	Fielding H. Youst, Va.

Matriculants of Spring Session, 1861.

Charles E. Ashby, Ills.	William W. Moore, M.D., Miss.
Eli S. Barnett, Ky.	Charles J. Monjar, Ohio.
Benjamin R. Davis, Ohio.	Milton W. Nesmith, Miss.

William S. Fahnestock, Ohio.
 Robert C. Fuller, Ohio.
 Edward C. Huse, Wis.
 John D. W. Jennings, Ohio.
 John P. Jordan, Ohio.
 David M. King, Mo.
 Henry R. King, Ohio.
 Samuel B. Lightner, Pa.
 Thompson A. Lucas, Ind.
 Homer E. McKenzie, Ohio.
 Duncan McRae, Mo.

Alonzo F. Potter, Ills.
 John N. Raley, Ark.¹
 Joseph H. Ralston, Ills.
 Alfred Secrest, Ind.
 Edward M. Shaw, Mich.
 Henry Tesmer, Ills.
 Abner Thorp, Ohio.
 John G. Vanschoiack, Ind.
 Jesse M. Webb, Mo.
 President J. White, Mo.

Graduates Winter Session, 1860-'61.

Anson L. Clark, Ills.
 Augustus W. Cole, Tenn.
 Edward N. Cushing, Miss.
 Henry S. Etheridge, Va.
 Smith W. Esten, R. I.
 Charles S. Edwards, Ark.
 George H. Field, Ills.
 Orris K. Griffith, Ills.
 George W. Hull, Mo.
 Rollin Hutchins, Ind.
 William E. Jones, Ga.
 John D. Jones, Miss.
 Robert C. Kibler, S. C.
 John B. Lewis, Ind.
 Francis R. Lincoln, Ills.

Thomas J. Lord, Ind.
 Benjamin S. Medlock, Miss.
 John H. Mitchell, Mo.
 William W. Moore, Miss.
 Edwin C. Perry, Ohio.
 George H. Plumley, Vermont.
 Henry C. Robbins, Mass.
 Nathan H. Sidwell, Ohio.
 Joseph G. Stine, Ohio.
 William O. Stone, Ind.
 Webster W. Teague, Ind.
 George W. Walling, R. I.
 Henry K. Whitford, Ills.
 Fielding H. Youst, Va.

Honorary Graduates.

L. T. de Beaumont, La.

Louis Reinach, Tenn.

Graduates Spring Session, 1861.

Eli E. Barnett, Ky.
 Edward C. Huse, Wis.
 David M. King, Mo.
 Henry R. King, Ohio.

Milton W. Nesmith, Miss.
 Henry Tesmer, Ills.
 Abner Thorp, Ohio.
 John G. Vanschoiack, Ind.

Honorary Graduates.

Charles E. Ashby, Ills.
 Robert C. Fuller, Ohio.

Duncan McRae, Mo.

DR. H. B. WHITE, OF PENNSYLVANIA,

Writes, and gives a full report of a case of hydrocephalus. The foetus being dead when delivered, and decomposition having taken place. The mother felt distinctly the motion of the child on the 25th of the month, and was delivered on the 29th of the same.

History.—“The mother’s health had not been very good during the whole period of utero-gestation; and some three or four weeks previous to parturition, she was frightened very much by her husband accidentally getting a pitchfork run through his foot, which caused him to faint. He was brought to the house, and on seeing him she became very much alarmed. Ever after this, she was troubled with trembling symptoms. After parturition, she recovered as usual.”

This may or may not have had something to do in causing the disease. We have met with many similar cases, where the health of the mother had been good, and no known cause existed to produce it.

N.

 OLD SCHOOL-“ISM.”

Dr. N——, of Kentucky, writes:—“We have had some cases of influenza, accompanied by febrile excitement, which *our* great Explainer of Diseases (Allopathic Doctor), calls typhoid pneumonia. To me his treatment seems somewhat novel, and as you are fond of novelties, I will, for your instruction, give it in full. Firstly: a dose of Sub-Murias, grs. vii.; Opii. grs. ij.; repeat every four hours; blister extensively; alternate with Pulv. Camphor; in addition to the above, expectorants, Comp. Syrup Scilla. Under this treatment, the patient, if of strong constitution, will keep him in practice for fifteen days or more, when the patient is laid away. His explanation is, the lungs are *totally* destroyed, and as every one knows the difficulty of breathing without lungs, it is no wonder they *died*.”

He further says, that by adopting the Eclectic plan of treatment, he has succeeded in curing many of the above cases, even after the Allopathic doctors had given them up as hopeless. Blisters and calomel are some of the relics of old fogy medicine.

N.

11 AUG 1983
K. J. WINTER



AUG 1963